

## EMERGENCY CONTACT INFORMATION

Name of child \_\_\_\_\_

Nickname \_\_\_\_\_

Parents' Name(s) \_\_\_\_\_

Telephone Numbers \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Name and telephone number of person to contact if parents are not available

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name of Physician \_\_\_\_\_

Physician telephone \_\_\_\_\_

Hospital Telephone \_\_\_\_\_

Persons **NOT** allowed to pick up child \_\_\_\_\_

Child's general health \_\_\_\_\_

Allergies \_\_\_\_\_

Special Needs \_\_\_\_\_

Person's authorized to pick child up

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Note: We must have written permission for anyone other than parent/guardian to pick child up from the center. I agree to review and update this information whenever a change occurs and at least once a year.**

Date: \_\_\_\_\_ Parent/Guardian #1 Signature \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian #2 Signature \_\_\_\_\_

Review Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Review Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Review Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Review Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Review Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_