

Child Emergency Information Card

First Name:_____ Middle Name:_____ Last Name:_____

Date of Birth:_____ Child's Address:_____

1st Parent/Guardian Contact Information:

Relationship to Child:_____

Name:_____

Address:_____

Email Address:_____

1st Phone Number:_____

2nd Phone Number:_____

Employer:_____

2nd Parent/Guardian Contact Information:

Relationship to Child:_____

Name:_____

Address:_____

Email Address:_____

1st Phone Number:_____

2nd Phone Number:_____

Employer:_____

Emergency Contacts (*other than parents/guardians*)

Name:_____ Phone:_____

Relationship to Child:_____ Address:_____

Name:_____ Phone:_____

Relationship to Child:_____ Address:_____

Authorized Person to pick up my child:

Name:_____ Phone:_____

Name:_____ Phone:_____

Name:_____ Phone:_____

Name:_____ Phone:_____

Person(s) NOT authorized to pick up my child:

Name(s):

Allergies or Medical Information:
