



Emergency Contact Information

Child's Full Name: _____ Date of Birth: _____

Nickname(s): _____

Address: _____

Mother's Name: _____ Father's Name: _____

Email Address: _____ Email Address: _____

Home Phone: _____ Home Phone: _____

Address: _____ Address: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell: _____ Cell: _____

Child's Physician: _____

Address: _____ Phone Number: _____

Names, phone numbers and address of people authorized to pick up child in case of emergency when parent/guardian cannot be reached:

Name: _____ Name: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Relationship to Child: _____ Relationship to Child: _____

Address: _____ Address: _____

Persons **Not Authorized** to Pick Up My Child: _____

Provider is responsible for keeping emergency response plan information current with parents or guardians.

Provider's Signature: _____

1 Year Review: _____ Parent's Initials: _____

2 Year Review: _____ Parent's Initials: _____