

# Building Blocks Learning Center

## Emergency Contact Form

Today's Date \_\_\_\_\_

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_

**Parent #1 Info:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Place of Work \_\_\_\_\_

**Parent #2 Info:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone# (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Place of Work \_\_\_\_\_

Name and Phone # of two emergency contacts (other than parents):

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Health Insurance for child \_\_\_\_\_  
(Medical care, if required, will be paid for by parents)

Does your child have any food/dietary allergies?                      Yes                      No

If yes, please list: \_\_\_\_\_

Does your child have any medical issues--special needs, medications, etc.?    Yes                      No

If yes, please explain: \_\_\_\_\_

Does your child receive any outside support--Early Intervention, Intermediate Unit, Lenape Valley, etc?    Yes                      No                      If yes, please explain: \_\_\_\_\_

I give my consent for emergency medical care : \_\_\_\_\_

parent signature

