

# EMERGENCY CONTACT LIST

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE FILL OUT AND SIGN A NEW EMERGENCY CONTACT LIST EACH YEAR

MY NAME: \_\_\_\_\_ I AM CHILD'S ☐ PARENT  
PLEASE PRINT FULL NAME ☐ GRANDPARENT  
☐ LEGAL GUARDIAN

CALL ME AT THESE PHONE NUMBERS:

HOME: \_\_\_\_\_ ☐ N/A  
MOBILE: \_\_\_\_\_ NO LANDLINE  
WORK: \_\_\_\_\_

CHILD'S DOCTOR'S INFORMATION:

NAME: \_\_\_\_\_  
TEL: \_\_\_\_\_

IF YOU CAN'T REACH ME, PLEASE CALL:

NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
HOME: \_\_\_\_\_ ☐ N/A  
MOBILE: \_\_\_\_\_ NO LANDLINE  
WORK: \_\_\_\_\_

MY CHILD IS CURRENTLY TAKING  
THESE MEDICATIONS

ALLERGIES: \_\_\_\_\_

POTENTIALLY  
LIFE-THREATENING

By signing this form, I authorize Caregiver to call 911 on behalf of my child in an emergency:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THIS FORM EXPIRES ON:



REDWOOD CHURCH  
PRESCHOOL