

**MOTHER'S DAY OUT EMERGENCY INFORMATION**

CHILD'S NAME \_\_\_\_\_

PARENT OR GUARDIAN NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

DAD CELL# \_\_\_\_\_ MOM CELL# \_\_\_\_\_

**EMERGENCY PHONE NUMBERS WHEN PARENTS CANNOT BE REACHED**

1. NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

RELATIONSHIP TO THE CHILD \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

RELATIONSHIP TO THE CHILD \_\_\_\_\_

PEOPLE ALLOWED TO PICK UP MY CHILD IN ADDITION TO THE PARENT(S)

\_\_\_\_\_  
\_\_\_\_\_

PEOPLE NOT ALLOWED TO PICK UP MY CHILD FROM SCHOOL

\_\_\_\_\_  
\_\_\_\_\_

IMPORTANT MEDICAL INFORMATION (PLEASE LIST ANY ALLERGIES, ASTHMA, SEIZURES, OR ANY MEDICAL INFORMATION THAT WE SHOULD BE AWARE OF. PLEASE INCLUDE SPECIFIC MEDICAL EMERGENCY

INSTRUCTIONS: \_\_\_\_\_

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