

Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency. Please be sure to fill out all lines.

Child's Name: _____ Date of Birth: _____

Parent(1) Name & relationship: _____ Phone
Number: _____

Parent(2) Name & relationship: _____ Phone
Number: _____

FULL HOME

Address: _____

Email Address: _____

Health Information

Does your child have food allergies? If so, please list

Does your child take medication? If so, please
list _____

Any additional health information that would be helpful please add

Emergency Contacts

1. Name _____ Relationship to child _____

Address _____ Phone # _____

Is this person able to pick up YES or NO

2. Name _____ Relationship to child _____

Address _____ Phone # _____

Is this person able to pick up YES or NO

3. Name _____ Relationship to child _____

Address _____ Phone # _____

Is this person able to pick up YES or NO

4. Name _____ Relationship to child _____

Address _____ Phone # _____

Is this person able to pick up YES or NO

School child attends _____ Address

Phone # _____ If child rides bus; bus route _____ Company & phone
