

# EMERGENCY INFORMATION



CHILDS NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ email: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

MOTHERS NAME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FATHERS NAME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

NAME OF PERSON TO BE RESPONSIBLE FOR YOUR CHILD IF PARENT CANNOT BE REACHED  
\_\_\_\_\_  
PHONE: \_\_\_\_\_

CHILD MAY BE PICKED UP BY: \_\_\_\_\_  
\_\_\_\_\_

ALLERGIES OR SPECIAL MEDICAL PROBLEMS: \_\_\_\_\_  
\_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_