Emergency Contact Information

| Child's Last Name | Child's First Name | M/F | Date Of Birth |
|--|---|------------------------|-------------------------|
| Address: | | | |
| Street Child lives with: | City, State | | Zip |
| sind iives with | | | |
| Father's Name | | Mother's Name | |
| Cell # | Cell # | | |
| Employer | Employ | er | |
| Work # | Work # | | |
| CODE WOR | RD: | | _ |
| | rson | | |
| Relationship to Child | Phone # | | |
| Address | | | |
| Physician | Phone # | | |
| Dentist | Phone # | | |
| Hospital | | | |
| Known Medical Conditions: | | | |
| Medications taken regularly & dosa | age | | |
| Allergies/Reactions: | | · | |
| emergency medical services for my child, | ical care and transportation: ove persons cannot be located, I hereby give including transport to the nearest health care nscientious effort will be made to locate me, | e facility, to receive | e emergency medical car |
| | | | |
| ransport. | Legal Guardian | | Date |
| Signature of Parent or L | - | | Date |
| Signature of Parent or L | SON(S) AUTHORIZED TO PICK U | P CHILD | |
| Signature of Parent or L PERSONAME Vame | SON(S) AUTHORIZED TO PICK U Phone # | P CHILD | |
| Signature of Parent or L PERS Name Address | SON(S) AUTHORIZED TO PICK U Phone # | P CHILD | |
| Signature of Parent or L PER: Name Address Name | SON(S) AUTHORIZED TO PICK U Phone # Relations | P CHILD | |
| PER: Name Name Address Address | SON(S) AUTHORIZED TO PICK U Phone # Relations Phone # Relations Phone # Relations | P CHILD shipship | |
| Signature of Parent or L PER: Name Address Name | SON(S) AUTHORIZED TO PICK U Phone # Relations Phone # Relations | P CHILD shipship | |
| PERSONAL Signature of Parent or L PERSONAL SIGNATURE OF PARENT OF L PERSONAL SIGNATURE OF L PERSONAL SI | SON(S) AUTHORIZED TO PICK U Phone # Relations Phone # Relations Phone # Relations | P CHILD shipshipship | |