

# Emergency Contact Form

Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

Mother/Guardian Name (Please PRINT) \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Name (Please PRINT) \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

If we cannot reach either parent:

Emergency Contact Name and Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Emergency Contact Name and Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Emergency Contact Name and Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance Company, Policy # and Phone: \_\_\_\_\_

Medical Information (\*allergies, medications, etc.): \_\_\_\_\_

\_\_\_\_\_

(Please include any information that the teacher/director should be aware of such as: ADD/ADHD, or other special needs)

Adult in charge may give my child Tylenol or Ibuprofen: \_\_\_ Yes \_\_\_ No