

EMERGENCY INFORMATION CARD

Child's Name: _____

Home Address: _____

City: _____ Zip: _____

Emergency contacts other than parents:

(List name, relation to child, and phone number)

1st: _____

Address: _____

Relation: _____ No: (____) _____

2nd: _____

Address: _____

Relation: _____ No: (____) _____

3rd: _____

Address: _____

Relation: _____ No: (____) _____

Parent's Signature

Date

Date of Birth: _____

Home Phone: (____) _____

Mom's Name: _____

Work Phone: (____) _____

Cell Phone: (____) _____

Dad's Name: _____

Work Phone: (____) _____

Cell Phone: (____) _____

Allergies to medicine: _____

Allergies to foods: _____

