



EMERGENCY INFORMATION FORM

Child's Name: _____ Date of Birth: _____

Address: _____

Emergency Contacts:

1. Name: _____

Relationship to child: _____

Address: _____

Phone Number (Daytime): _____ Alternate Number: _____

2. Name: _____

Relationship to child: _____

Address: _____

Phone Number (Daytime): _____ Alternate Number: _____

3. Name: _____

Relationship to child: _____

Address: _____

Phone Number (Daytime): _____ Alternate Number: _____

Allergies and/or Special Needs:

Steps to be taken if child is exposed to allergen:

1. _____

2. _____

3. _____

(If necessary, please continue steps on back of this form.)

Physician Information

Name: _____

Address: _____

Phone Number: _____