

# Emergency Information Card

Child's name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

People authorized to pick up:

Allergies, special needs, or comments

## Emergency contact

Name: \_\_\_\_\_

Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

## Mother/Guardian

Name: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Work number: \_\_\_\_\_

Cell number: \_\_\_\_\_

## Father/Guardian

Name: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Work number: \_\_\_\_\_

Cell number: \_\_\_\_\_

## Emergency contact

Name: \_\_\_\_\_

Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_