



Emergency Information Form

For use in emergency, illness, or accident to the child named below

Name of Child _____ Date of Birth _____

Mother or Guardian _____ Home Phone _____

Address _____

Place of Employment _____ Bus. Phone _____

Cell Phone _____ Email _____

Father or Guardian _____ Home Phone _____

Address _____

Place of Employment _____ Bus. Phone _____

Cell Phone _____ Email _____

Persons to be called in case of emergency when parents cannot be reached:

Name _____ Phone _____

Address _____

Relationship to Child _____

Please check if person is approved for pick up and drop off.

Name _____ Phone _____

Address _____

Relationship to Child _____

Please check if person is approved for pick up and drop off.

Child's Physician _____ Phone _____

Emergency Hospital Preference _____