

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: _____