

EMERGENCY CONTACT

child's name _____ year _____

PLEASE FILL OUT AN UPDATED FORM EVERY YEAR

my name _____ relationship parent
 guardian
 other _____

HOW TO CONTACT ME

primary #: _____ alternative #: _____

DOCTOR'S INFORMATION

name: _____ telephone #: _____

OTHER CONTACT INFORMATION

name: _____ telephone #: _____

name: _____ telephone #: _____

name: _____ telephone #: _____

PLEASE LIST ANY ALLERGIES

THESE PEOPLE ARE ABLE TO PICK UP MY CHILD

signature: _____ date: _____