

Date Completed _____

EMERGENCY CONTACT INFORMATION

Child's Full Name _____ Birthday _____

Home Address: Street _____ City _____ Zip _____

Home Phone: _____

Mother's Name _____

Work phone: _____ Cell: _____

Father's Name _____

Work phone: _____ Cell: _____

PERSON TO NOTIFY IF PARENT/GUARDIAN CANNOT BE REACHED

Name _____

Home phone: _____ Work: _____ Cell: _____

Address: Street _____ City _____ Zip _____

Relationship to the child: _____

Any other important Numbers:

Name _____ Name _____

Cell: _____ Cell: _____

MEDICAL INFORMATION

Physician _____ Phone number _____

Address: _____ Hospital or Clinic (please circle one)

Medical Concerns _____

Allergies _____

Reaction to allergy _____

Date Completed _____

CHILD PICK-UP INFORMATION

I/We _____ authorize the following
(parent's names)
people to pick up _____ when I/we are unavailable.
(child's name)

Name _____ Contact Number _____

Name _____ Contact Number _____

Name _____ Contact Number _____

Name _____ Contact Number _____

Name _____ Contact Number _____

Name _____ Contact Number _____

Name _____ Contact Number _____

Name _____ Contact Number _____

Name _____ Contact Number _____

Name _____ Contact Number _____

I understand that the people picking up may be asked for a photo ID until staff is acquainted with friends/family of the child.

Parent/Guardian Signature

Date

Relationship to Child