

Teacher _____

EMERGENCY INFORMATION CARD

Child's Name _____ Sex: M F Birth Date: ____/____/____

Address _____ City _____ Zip _____

Home Phone # _____ Cell # _____ Cell # _____

List business info where parents may be reached while child is in care.

Mother's Name _____ Place of employment _____ Work # _____

Father's Name _____ Place of employment _____ Work # _____

List local persons to be contacted in an emergency, if parents cannot be reached.

(We need at least 2 and they must also be authorized to pick up your child.)

Name _____ Relationship _____ Phone _____ DL# _____

Name _____ Relationship _____ Phone _____ DL# _____

Name _____ Relationship _____ Phone _____ DL# _____

Name _____ Relationship _____ Phone _____ DL# _____

Signature of Parent _____ Date _____

Please complete the Authorization For Emergency Medical Care on the back side of this card.