



**EMERGENCY INFORMATION**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Mothers Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address & Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address & Phone \_\_\_\_\_

Emergency Designates Name Phone Number and Address

Name	Phone Number	Address
1.		
2.		

Please list any medications your child is currently taking

\_\_\_\_\_

Please list below all the allergies that you are aware of that your child may have

\_\_\_\_\_

Child's previous history of communicable diseases:

\_\_\_\_\_

Parents Signature \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_