



EMERGENCY INFORMATION

CHILD'S NAME _____ BIRTH DATE ____/____/____
ADDRESS _____ CITY _____ ZIP _____
PHONE _____
MOTHER'S NAME _____ FATHER'S NAME _____
MOBILE # _____ MOBILE # _____
WORK # _____ WORK # _____
PEDIATRICIAN _____ PHONE _____
ALLERGIES _____

NAMES OF OTHER PERSONS TO PICK UP IN CASE OF EMERGENCY

NAME _____ PHONE _____
RELATION _____

NAME _____ PHONE _____
RELATION _____

NAME _____ PHONE _____
RELATION _____

IF ANYONE OTHER THAN YOURSELF WILL BE PICKING UP YOUR CHILD, PLEASE NOTIFY THE TEACHER IN WRITING.