

Child Emergency Information Form



Child's Name _____

Home Address _____ City _____ Zip Code _____

Home Phone _____ Date of Birth _____ Age _____

In the event of an emergency, make first call to this number _____

Parent/Guardian _____ Relationship _____

Marital Status Single Married Separated Divorced

Child Lives With Mother Father Both Other _____

Mother's Information

Name _____

Address (if different from above)

Home Phone (if different from above)

Work Phone # _____

Cell Phone # _____

Email _____

Father's Information

Name _____

Address (if different from above)

Home Phone (if different from above)

Work Phone # _____

Cell Phone # _____

Email _____

Emergency contact person if parents are unreachable

Name _____ Phone Number _____

Relationship to child _____

Name _____ Phone Number _____

Relationship to child _____

Name _____ Phone Number _____

Relationship to child _____

Medical Information

Physician's Name _____ Phone _____

Allergies or special medical problems: _____

Is your child taking any special medication? If YES, please state the name of medication and the reason for taking it:

Pick Up Information

People allowed to pick up my child

Name	Phone
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

People not permitted to pick up my child

Name	Phone
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____