

Emergency Contact/Parental Form

Child's Name: _____

Birth Date: _____ Address: _____

Mother's Name / Legal Guardian: _____

Address: _____

Home Phone Number _____

Business Phone Number: _____

Father's Name / Legal Guardian: _____

Address: _____

Home Phone Number: _____ - _____ - _____

Business Phone Number: _____ - _____ - _____

Emergency Contact Person(s)

1. Name: _____

Telephone Number When Child Is In Care: _____ - _____ - _____

2. Name: _____

Telephone Number When Child Is In Care: _____ - _____ - _____

3. Name: _____

Telephone Number When Child Is In Care: _____ - _____ - _____

Person(s) To Whom Child May Be Released

1. Name: _____

Telephone Number When Child Is In Care: _____ - _____ - _____

2. Name: _____

Telephone Number When Child Is In Care: _____ - _____ - _____

3. Name: _____

Telephone Number When Child Is In Care: _____ - _____ - _____

Parent/Guardian Signature: _____

Date: _____/_____/_____

Child Signature: _____

Name of child's physician/medical care provider

Telephone Number _____

Address: _____

Special disabilities (if any) _____

Allergies (including medication reaction): _____