

Emergency Contact and Medical Information for a Child

Child's Name

Date of Birth

Parent's/Guardian's Name

Parent's/Guardian's Name

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Home Phone

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Work Phone

()

Home Phone

()

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

()

Home Phone

()

Work Phone

()

Home Phone

()

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Please list any known allergies that your child may have.

Please list anything that we should be aware of.