

Emergency Contacts

Child's Name: _____

Date of Birth: _____

If I am unable to reach one or both parents/guardians during an emergency, please list the name and addresses of the people that you wish to be contacted and to whom the child may be released:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Child's physician: _____ Phone: _____

Address: _____

Insurance Information (please include all pertinent information) _____

Preferred hospital: _____

Are there any known allergies, health or medical conditions that the Provider should be made aware of? If yes, please describe:
