

Emergency Contact Information

Child's Name:	
Birth date:	
Street address:	
City, State, Zip Code:	
Home Phone:	

Parent/Guardian Contact Numbers

Mother/Guardian:	
Home Phone:	
Work Phone:	
Mobile Phone:	

Father/Guardian:	
Home Phone:	
Work Phone:	
Mobile Phone:	

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

1st Alternate Contact:	
Relationship to child:	
Home street address:	
City, State, Zip Code:	
Home Phone:	
Home e-mail:	
Work street address:	
City, State, Zip Code:	
Work Phone:	
Work e-mail:	
Pager number:	
Cellular Phone:	
Is this person authorized to make medical decisions for your child if you cannot be reached? Yes _____ No _____	

Emergency Contact Information

2nd Alternate Contact:	
Relationship to child:	
Home street address:	
City, State, Zip Code:	
Home Phone:	
Home e-mail:	
Work street address:	
City, State, Zip Code:	
Work Phone:	
Work e-mail:	
Pager number:	
Cellular Phone:	
Is this person authorized to make medical decisions for your child if you cannot be reached? Yes _____ No _____	

Child's Physician (or name of clinic):	
Preferred Practitioner:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	

Child's Dentist (or name of clinic):	
Preferred Practitioner:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	