

Emergency Contact Information

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

Mother's (guardian's) name:	
Home street address:	
City, State, Zip Code:	
Home Phone:	
e-mail:	
Place of Employment:	
Work street address:	
City, State, Zip Code:	
Work Phone:	
Cell Phone:	
Other (please specify):	

Father's (Guardian's) name:	
Home street address:	
City, State, Zip Code:	
Home Phone:	
e-mail:	
Place of Employment	
Work street address:	
City, State, Zip Code:	
Work Phone:	
Cell Phone:	
Other (please specify):	

Emergency Contact Information

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:	
Cell Phone:	
Is this person authorized to make medical decisions for your child if you cannot be reached? Yes _____ No _____ Authorized to pick up child? Yes _____ No _____	

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:	
Cell Phone:	
Is this person authorized to make medical decisions for your child if you cannot be reached? Yes _____ No _____ Authorized to pick up child? Yes _____ No _____	

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