

Emergency Contact Information

Child's Full Name _____ Date of Birth _____

Nickname(s) _____

Address _____

Custodial Parent _____ Custodial Parent _____

Email _____ Email _____

Home Phone _____ Home Phone _____

Address _____ Address _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Cell _____ Cell _____

Work Address _____ Work Address _____

Child's Physician _____

Address _____ Phone Number _____

Names and phone numbers of people authorized to pick up child in case of emergency when parent/guardian cannot be reached:

Name _____ Name _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Address _____ Address _____

Relationship to Child _____ Relationship to Child _____

Additional Information: _____

Persons **Not Authorized** to Pick Up My Child _____

Provider is responsible for keeping emergency response plan information current with parents or guardians.

Provider's Signature: _____

6 Month Review _____ Parent's Initials _____

1 Year Review _____ Parent's Initials _____

