

Family Information and Emergency Contacts

Child's Full Name _____ Date of Birth _____

Nickname(s) _____

Address _____

Mother's Name _____ Father's Name _____

Home Phone _____ Home Phone _____

Address _____ Address _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

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:

1) _____

2) _____

3) _____

Persons **not authorized** to pick up my child _____

Additional Information _____

Emergency Contacts

Name _____ Name _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Relationship to child _____ Relationship to child _____

All parents and guardians are responsible for keeping emergency information current.

Date: _____ Signature of Parent: _____

6 Month Review _____ Parent Initials _____