Emergency Contact Numbers

Name & Age if Children Living in the home:

_____ _____

Name *age* *Name* *age*

_____ _____

Name *age* *Name* *age*

Child lives with ___Mom _____Dad _____Other _____

Nanny or Baby Sitter_____Cell_____Live In____Out_____

If Living Out please provide address _____

Persons authorized to pick up your child:

Name_____Phone_____

Address_____

Name_____Phone_____

Address _____

Name of any person NOT permitted to pick up your child_____

Child's Physician_____Phone_____

Address_____

Child's Dentist_____Phone_____

Address_____

Name of Hospital_____

****IMPORTANT EMERGENCY INFORMATION****

If parents cannot be reached, list friends or relatives we may contact in case emergency:

Name_____Phone_____Relationship_____

Address_____

Name_____Phone_____Relationship_____

Address_____