

Emergency Information

Name of child: _____

Name of parent/guardian (1) _____ **Home phone** _____

Business/cellular phone numbers _____

Name of parent/guardian (2) _____ **Home phone** _____

Business/cellular phone numbers _____

Name of persons to contact in case of an emergency

Name _____ **Home phone** _____

Business/cellular phone numbers _____

Relationship to child _____

Name _____ **Home phone** _____

Business/cellular phone numbers _____

Name _____ **Home phone** _____

Business/cellular phone numbers _____

Relationship to child _____

Name _____ **Home phone** _____

Business/cellular phone numbers _____

Persons authorized to take the child from the center

Name

Home phone

Business/cellular phone numbers

Relationship to child

Name

Home phone

Business/cellular phone numbers

Name

Home phone

Business/cellular phone numbers

Relationship to child

Name

Home phone

Business/cellular phone numbers

Any specific instructions

Signature (s) of parent or guardian:
