



EMERGENCY CONTACT INFORMATION

Child's Name: _____ Birth date: _____

Parent/Legal Guardian #1

Parent/Legal Guardian #2

Name: _____

Name: _____

Phone Numbers:

Phone Numbers:

Home: _____

Home: _____

Cell: _____

Cell: _____

Work: _____

Work: _____

Email: _____

Email: _____

EMERGENCY CONTACTS (to whom child may be released if parent/ legal guardian is unavailable):

Emergency Contact (#1) Name(s) _____

Address: _____

Telephone Numbers: Home/Cell: _____

Work: _____

Emergency Contact (#1) Name(s) _____

Address: _____

Telephone Numbers: Home/Cell: _____

Work: _____

Parent/Legal Guardian #1 Signature: _____ Date: _____

Parent/Legal Guardian #2 Signature: _____ Date: _____