

EMERGENCY INFORMATION

CHILD'S NAME:		CHILD'S BIRTHDAY
FATHER'S NAME:		
MOTHER'S NAME:		/ /
ADDRESS:		
HOME PHONE:		
FATHER'S WORK PHONE:	CELL PHONE:	
MOTHER'S WORK PHONE:	CELL PHONE:	
ALTERNATE PHONE:		

ADDITIONAL PERSONS TO CALL IN EMERGENCY

NAME	RELATIONSHIP	TELEPHONE

PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY

Child will not be allowed to leave with any other person without authorization from parents.

NAME	RELATIONSHIP