

Emergency Information

Child's Name: _____ Birthdate: __/__/__ TTh MWF

Mother: _____ Father: _____
Home #: _____ Home #: _____
Work #: _____ Work #: _____
Cell #: _____ Cell #: _____

Who should we call in case of an emergency?

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Siblings:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Car Pool Parents: _____

Health Notes (allergies, etc.): _____

Medical Information

Child's Doctor: _____

Address: _____

Phone: _____

Child's Dentist: _____

Address: _____

Phone: _____

In case of an emergency or accident involving
(child's name) _____, please contact person(s) listed on
reverse first. If emergency contacts cannot be reached, please take my child to
(hospital preference) _____. We have insurance through
(employer) _____ or privately with
(insurance company) _____.

Member #: _____

Signature: _____ Date: __/__/__

