

## Emergency Contact Information Card

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

### **PARENT/GUARDIAN CONTACT INFORMATION:**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

**IF ABOVE PARENTS/GUARDIANTS ARE NOT AVAILABLE: Please provide the names and address of 3 persons that may be contacted and to whom the child may be released in the event of an emergency:**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

### **DOCTOR CONTACT INFORMATION:**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Health Card# \_\_\_\_\_

\*\*Are there any known allergies, drug allergies, health, or medical problems that we need to know about? If so, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

**PARENT'S CONSENT:** I, \_\_\_\_\_, give my consent for \_\_\_\_\_ to be treated by a private physician or hospital in the event of an accident, sudden illness, or emergency.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date