

CHILD'S EMERGENCY INFORMATION

Child's Name _____ Nickname _____

Date of Birth _____ Home Phone _____

Address _____ Zip _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Prefered E-Mail Address _____

Allergies _____

Emergency Contacts (Local)

_____ Day Phone _____

Person(s) Authorized to Pick Child Up (other than Mother & Father)

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

Special Needs of Child and/or Physical Limitations

Childhood Diseases/Illnesses _____

Fears _____

Toilet Habits (Special words, problems, etc) _____

Special likes/dislikes _____

Comments helpful to the needs of your child _____

Parent's signature _____