

EMERGENCY INFORMATION 2018-2019

CHILD'S NAME:	CHILD'S BIRTHDAY:	
FATHER'S NAME:		
MOTHER'S NAME		
ADDRESS:		
FATHER'S WORK PHONE:	CELL PHONE:	
MOTHER'S WORK PHONE:	CELL PHONE:	
FATHER'S EMAIL:		
MOTHER'S EMAIL:		
ADDITIONAL PERSONS TO CALL IN EMERGENCY:		
NAME	RELATIONSHIP	PHONE

PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY

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

NAME	RELATIONSHIP	PHONE