



Emergency Form

Child's Name: _____

Date of Birth: _____

Home Address: _____

Mother's Name _____ **Father's Name** _____

Home Phone # _____ Home Phone # _____

Work Phone # _____ Work Phone # _____

Mobile Phone # _____ Mobile Phone # _____

Email _____ Email _____

1. *Emergency Contact Name* _____

Home _____ Work _____ Mobile _____

2. *Emergency Contact Name* _____

Home _____ Work _____ Mobile _____

Authorized person (s) for child's release

1. Name _____ Address _____ Mobile _____

2. Name _____ Address _____ Mobile _____

3. Name _____ Address _____ Mobile _____

Child's Doctor _____

Address _____

Office Phone# _____

Allergies _____

Parent's Signature _____ Date _____

Authorized person(s) to pick up child must bring valid I.D. when picking up child

Please update form as needed