



# Emergency Information Card

Doctor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_ Address \_\_\_\_\_ Home-Phone \_\_\_\_\_ Cell-Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address (if different) \_\_\_\_\_

Father's Name \_\_\_\_\_ Address (if different) \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

Father's Employer \_\_\_\_\_ Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

**IN EMERGENCY** Call \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Arrival \_\_\_\_\_ a.m. Departure \_\_\_\_\_ p.m.

Authorized to pick up child \_\_\_\_\_

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**ALLERGIES** \_\_\_\_\_

SPECIAL NOTES (Write in RED) Physical Problems \_\_\_\_\_