CHILD EMERGENCY CONTACT

Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

Child's Name:		Date of Birth:
Address:		
Parent/Legal Guardian's Name:		Phone:
Parent/Legal Guardian's Name:		Phone:
Special family situation or anything we should know about your child (If so, please provide details):		
Height:	Weight:	Allergies/Asthma:
Medications (frequency taken/dosage):		

#1 EMERGENCY CONTACT (Include Parents and/or Legal Guardians)

Name:		Relationship:
1st Number:	2nd Number:	

#2 EMERGENCY CONTACT

Name:		Relationship:
1st Number:	2nd Number:	

#3 EMERGENCY CONTACT

Name:		Relationship:
1st Number:	2nd Number:	

#4 EMERGENCY CONTACT

Name:		Relationship:
1st Number:	2nd Number:	

RELEASE OF CHILD (List all individuals, not including parent/legal guardian, to whom the child may be released)

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

Parent/Legal Guardian Signature:	**Date:**

(office use only)

Date Reviewed	Parent/Legal Guardian Initials	Date Reviewed	Parent/Legal Guardian Initials	Date Reviewed	Parent/Legal Guardian Initials	Date Reviewed	Parent/Legal Guardian Initials