



# Child Emergency Contact

Instructions: 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 \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Allergies \_\_\_\_\_

Medications Taken Daily/Dosage \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

## **Who to Contact First:** (please include parents/legal guardians)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

First Number \_\_\_\_\_ Second Number \_\_\_\_\_

## **Who to Contact Second:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

First Number \_\_\_\_\_ Second Number \_\_\_\_\_

## **Who to Contact Third:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

First Number \_\_\_\_\_ Second Number \_\_\_\_\_

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