Staff & Public Emergency Information

Please Print

Child's Name: _____ **DOB**:_____

Parent Name (s): _____ **Daytime Number**

:_____

Parent Name (s): _____ **Daytime Number**

:_____

Preferred E-Mail address (s): _____

Emergency Phone: **Please indicate whose number (Grandma, Friend, etc) it is and indicate if number is Cell/Work/Home. If parents are to be called first, please indicate.**

(Call 1st) _____

(Call 2nd) _____

(Call 3rd) _____

Allergies _____

Medical Conditions _____

Hospital Preference _____

Doctor Name & Phone _____

_____ _____

Signature ***Date***

PLEASE LET THE CENTER KNOW WHEN CHANGES OCCUR !!!

Date	Initials	Changes