

**EMERGENCY
CONTACT**

EMERGENCY CONTACT FORM

(ONE FORM MUST BE RETURNED FOR EACH CHILD)

**EMERGENCY
CONTACT**

CHILD'S NAME: _____ GRADE: _____

CHILD'S HOME TELEPHONE NUMBER: _____

CHILD'S HOME ADDRESS: _____

NAME OF CHILD'S PEDIATRICIAN: _____

TELEPHONE NUMBER OF CHILD'S PEDIATRICIAN: _____

LIST OF MEDICATIONS THAT YOUR CHILD TAKES DAILY: _____

LIST OF YOUR CHILD'S ALLERGIES: _____

MOTHER'S NAME: _____

MOTHER'S HOME TELEPHONE NUMBER: _____

MOTHER'S CELL PHONE NUMBER: _____

MOTHER'S WORK TELEPHONE NUMBER: _____

MOTHER'S HOME ADDRESS: _____

FATHER'S NAME: _____

FATHER'S HOME TELEPHONE NUMBER: _____

FATHER'S CELL PHONE NUMBER: _____

FATHER'S WORK TELEPHONE NUMBER: _____

FATHER'S HOME ADDRESS: _____

EMERGENCY CONTACT: Please list below the name, relation, and phone number for 3 people that could be contacted about your child in case of an emergency and you are not available.

Name	Telephone Number	Relationship