

Emergency Information

Child's Name: _____ Birth Date: _____

Address: _____

Parent to call First:

Name: _____ Cell: _____ Home or Work: _____

Parent to call Second:

Name: _____ Cell: _____ Home or Work: _____

If parent cannot be reached, who do we call?

1. Name & Relationship: _____

Cell: _____ Home or Work: _____

2. Name & Relationship: _____

Cell: _____ Home or Work: _____

Health Information

List Allergies: _____

(If any, fill out **Allergy Action Care Plan** on back.)

Any special healthy needs:

Persons Authorized to Pick up Child

Note: **Written Permission** from parents must be given to teacher prior to another person NOT ON THE LIST taking child that day. Be prepared to show photo ID.

Name & Relationship: _____

Cell: _____ Home or Work: _____

Name & Relationship: _____

Cell: _____ Home or Work: _____

Parent Signature: _____ Date: _____