



ARC & Early Bird Emergency Card 2017-2018

Child's Name _____

Parents Name(s) _____

Address _____

Contact Phone Numbers

Home Phone (____) _____

Dad Cell (____) _____

Mom Cell (____) _____

Dad Work (____) _____

Mom Work (____) _____

Emergency Contacts: If you cannot be reached and there is a medical emergency.

Name _____ Phone Number _____

Name _____ Phone Number _____

Authorized Pick up Name and Numbers If you are unable to to pick up your child.

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Medical Information

Allergies: _____

Medications: _____

Any other info you would like the director to know: _____
