

Emergency Card



Child Information			
Child's Full Name		Date of Birth	
Child's Address	City	State	Zip code
Special Medical Instructions & Allergies (if any)			

Parent/Guardian Information	
Contact #1 Name:	Relationship to child:
Phone Number:	Email Address:
Contact #2 Name:	Relationship to child:
Phone Number:	Email Address:

Emergency Contacts (Other than parent/guardians)	
Name:	Phone #
Name:	Phone #
Name:	Phone #
Individuals authorized to pick-up:	

