



Emergency Contacts

Please print clearly

Child's Full Name: _____ DOB: _____

Nickname: _____

1st Parent/Guardian: _____ Cell Phone: _____

Relationship to child: _____ E-mail: _____

Occupation (optional) _____ Work Phone: _____

Home Address: _____ Home Phone: _____

2nd Parent/Guardian: _____ Cell Phone: _____

Relationship to child: _____ E-mail: _____

Occupation (optional) _____ Work Phone: _____

Home Address: _____ Home Phone: _____

Person(s) authorized to pick up my child:

Name _____ Comment: _____

Name _____ Comment: _____

Person(s) NOT authorized to pick up my child:

Name _____ Comment: _____

If our personnel cannot reach either parent, name a friend or relative who may be called upon if the child is sick in school:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

If none of the above can be reached by phone, what do you wish our personnel to do in case the child is sick or injured: _____

(It is understood that in final disposition of an emergency case, the judgment of the day care authorities will prevail. The recommendation of the parent as indicated will be respected as far as possible)

Parent/Guardian Signature: _____ Date: _____