



## Emergency Information

Child's name: \_\_\_\_\_

Parent's/Guardians Names: \_\_\_\_\_

Address: \_\_\_\_\_

Please write the phone numbers and names of the individuals who you would like to be contacted in case of an emergency.

1. Phone Number:  
Name of person:
  
2. Phone Number:  
Name of person:
  
3. Phone Number:  
Name of person:

Doctor's name and phone number:

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Comments which may be helpful to person giving emergency care (such as allergies or special medical conditions):

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