

CHILD'S EMERGENCY INFORMATION SHEET

Child's Name _____

Date of Birth ____ / ____ / ____

Mother's Name _____

Father's Name _____

Emergency Contact Phone Numbers:

1) _____ 2) _____

Allergies/Restrictions/Special Instructions:

FOLD HERE

ALTERNATE DROP-OFF/PICK-UP FORM

(Please list ALL persons over 18yrs old whom you give permission to pick up the child outside of person signing the form below)

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

4. Name _____ Phone _____

5. Name _____ Phone _____

Parent's Signature _____ Date _____