



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

### Emergency Contact Information

In case of an emergency, which parent should we call first? \_\_\_\_\_

Please number the following phone numbers in the order in which they should be called:

\_\_\_\_\_ Home Phone: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Alternate Number (Cellular phone/pager) \_\_\_\_\_ / \_\_\_\_\_

Name, address, day & evening telephone numbers of persons to be contacted in an emergency if parents cannot be reached. (Examples: secretary, co-workers, neighbor who would be able to help us locate you in the event of an emergency) Please list these persons in the order in which they should be called. Please note that these persons are not authorized to pick up your child unless they are listed above or you have completed an Authorization for Pick Up form with the classroom staff.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ / \_\_\_\_\_ Evening Phone \_\_\_\_\_ / \_\_\_\_\_

Alternate Number (Cellular phone or pager) \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ / \_\_\_\_\_ Evening Phone \_\_\_\_\_ / \_\_\_\_\_

Alternate Number (Cellular phone or pager) \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ / \_\_\_\_\_ Evening Phone \_\_\_\_\_ / \_\_\_\_\_

Alternate Number (Cellular phone or pager) \_\_\_\_\_ / \_\_\_\_\_

### Child's Physician:

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_

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