DATE: _____

Emergency Contact Information

Child's Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Known Allergy: _____

Mother's Name/Legal Guardian	Father's Name/Legal Guardian
_____	_____
Cell Ph: _____	Cell Ph: _____
Email: _____	Email: _____

Emergency Contacts (cannot be the same as parents)

Name:_____	Name: _____
Relationship: _____	Relationship: _____
Address:_____	Address: _____
_____	_____
Phone Number: _____	Phone Number: _____

Non-Emergency Alternative Pick-up Person/s: I _____ authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name: _____	Name:_____
Relationship:_____	Relationship:_____
Address:_____	Address: _____
_____	_____
Phone Number: _____	Phone Number: _____

Password: _____

Authorization for Emergency Medical Attention in the event the parent/guardian cannot be reached:

Name of Physician: _____ Phone Number: _____

Address: _____

Name of Emergency Facility: _____

Address: _____ Phone Number: _____