

Updated Contact Information

General Information

Child's Name:		Date of Birth:
Address:		Primary Contact Phone:
Mom Cell:	Email Contact:	
Dad Cell:	Email Contact:	

Medical Information

Allergies/Medial Conditions/Special Needs:
Other Information Emergency Personnel May Need to Know:

Physicians Information

Name:	Phone:
Address:	

Hospital Information

Name:	Phone:
Address:	

Primary Emergency Contact

Name:	Relationship:	Primary Phone #:
Address:		Secondary Phone #:

Secondary Emergency Contact

Name:	Relationship:	Primary Phone #:
Address:		Secondary Phone #:

My signature gives authorization for the above individuals to pick up my child from care and communicate on my behalf in the event of an emergency.

Parent Signature: _____ Date: _____