



Unlocking our Future... One child at a time!

Children's Emergency Information Form
Adopted December 2017

CHILDREN'S INFORMATION

Child's Name (Last, First, Middle Initial)	Nickname or Preferred Name	Date of Birth
Home Phone Number	Home Street Address	
City, State		Zip Code
Allergies (if any, if not list "N/A")	Special Health Conditions (if any, if not list "N/A")	

Parent's Information

Who does the child reside with (Mom, Dad, Both Parents, Guardians, etc.)? _____

If separated/divorced, do both parents have custody rights to pick up the child? _____

Parent/Guardian 1:

Parent's Name (Last, First, Middle Initial)	Employer/Company	Daytime/Work Phone Number
Home Phone Number	Home Street Address	
City, State		Zip Code
Cell Phone Number	Email Address (Both Work & Personal)	

Parent/Guardian 2:

Parent's Name (Last, First, Middle Initial)	Employer/Company	Daytime/Work Phone Number
Home Phone Number	Home Street Address	
City, State		Zip Code
Cell Phone Number	Email Address (Both Work & Personal)	

Emergency Contacts (When Parents/Guardians are not available)

Name:	Phone:
Name:	Phone:



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Authorized Pick-Up People (Please list the people who can pick up your child)

Name:	Name:
Name:	Name:

Hospital Preference:	Doctor's Name and Phone:
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Parent Signature: _____ Date: _____