

Emergency Contact Information Form

For use in the event of an accident, emergency evacuation, or medical emergency.

Child's Name: _____

Date of Birth: _____ Child Lives With: _____

Home Address: _____

Primary Emergency Contact: _____

Relationship to Child: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Secondary Emergency Contact: _____

Relationship to Child: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Physician: _____

Address: _____ Phone: _____

Dentist: _____

Address: _____ Phone: _____

Insurance Company: _____

Policy # _____ Group # _____

Allergies: _____

Comments: (Include special medical or personal information an emergency care provider should know about your child and/or special contact information.)

Parent/Guardian Signature: _____

Date: _____

NOTE: Every effort will be made to notify parents immediately in case of emergency.