## **Emergency Information**

Legal Guardian 1				
Name:	Relation to child:	Email:		
Phone (Cell/work/home)	:	Alt Phone (cell/work/home):		
		Employer/Occupation:		
Street  Legal Guardian 1	City/state/zip			
		Email:		
		Alt Phone (cell/work/home):		
Address: Street	City/state/zip	Employer/Occupation:		
Guddi	Oity/Stato/2.ip			
h Guardian should be contac	cted <b>first</b> in case of illness or injury?	Phone:		
Medical Information				
Child's Birthdate:	Allergies/Medical Alerts			
Physician:	Physician Phone	Hospital Preference (in case of transport)		
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