

Emergency Information

Child's Name _____

Legal Guardian 1

Name: _____ Relation to child: _____ Email: _____

Phone (Cell/work/home): _____ Alt Phone (cell/work/home): _____

Address: _____ Employer/Occupation: _____

Street City/state/zip

Legal Guardian 1

Name: _____ Relation to child: _____ Email: _____

Phone (Cell/work/home): _____ Alt Phone (cell/work/home): _____

Address: _____ Employer/Occupation: _____

Street City/state/zip

Which Guardian should be contacted **first** in case of illness or injury? _____ Phone: _____

Medical Information

Child's Birthdate: _____ Allergies/Medical Alerts _____

Physician: _____ Physician Phone _____ Hospital Preference (in case of transport) _____

Insurance carrier/Policy Number _____ Name of Insured _____

Dietary Restrictions: _____ None _____ Vegetarian _____ Other _____ (Doctors note must be provided)

Pick Up Authorization

Please list the names and contact information of people authorized to pick up your child from the center and/or to contact if you cannot be reached. The child will not be released to any other person without prior written notification from a legal guardian.

**All authorized pickups must show ID upon arrival. This includes offsite programs as well.*

Name _____ Relation to child _____

Phone _____ Address _____

Name _____ Relation to child _____

Phone _____ Address _____

Name _____ Relation to child _____

Phone _____ Address _____

Name _____ Relation to child _____

Phone _____ Address _____

Signature of Guardian _____

Date _____

