

## KIDS' STUFF EMERGENCY CONTACT INFORMATION

CHILD'S NAME \_\_\_\_\_

ALLERGIES \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

DENTIST NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK NO. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ CELL NO. \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK NO. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ CELL NO. \_\_\_\_\_

## PICK UP INFORMATION

PEOPLE PERMITTED TO REMOVE CHILD IN THE EVENT OF ILLNESS, ACCIDENT, OR EMERGENCY:

\_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER

NAME	RELATIONSHIP TO CHILD	HOME NO.	WORK NO.	CELL NO.

\_\_\_\_\_ PARENT OR GUARDIAN RELATIONSHIP TO CHILD

\_\_\_\_\_ DATE