

MOTHER'S DAY OUT EMERGENCY INFORMATION

CHILD'S NAME _____

PARENT OR GUARDIAN NAMES _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS _____

HOME PHONE # _____

DAD CELL# _____ MOM CELL# _____

EMERGENCY PHONE NUMBERS WHEN PARENTS CANNOT BE REACHED

1. NAME _____ PHONE # _____

RELATIONSHIP TO THE CHILD _____

2. NAME _____ PHONE # _____

RELATIONSHIP TO THE CHILD _____

PEOPLE ALLOWED TO PICK UP MY CHILD IN ADDITION TO THE PARENT(S)

PEOPLE NOT ALLOWED TO PICK UP MY CHILD FROM SCHOOL

IMPORTANT MEDICAL INFORMATION (PLEASE LIST ANY ALLERGIES, ASTHMA, SEIZURES, OR ANY MEDICAL INFORMATION THAT WE SHOULD BE AWARE OF. PLEASE INCLUDE SPECIFIC MEDICAL EMERGENCY

INSTRUCTIONS: _____

