# EMERGENCY INFORMATION 2023-24
## Clearly print all information

Child's Name _____Today's Date:_____

Street _____

              Address                                       City

Home Phone _____

Adult #1 Name & Primary Phone _____

                      Adult #1Alternate Phone _____

Adult #2 Name & Primary Phone _____

                      Adult #2 Alternate Phone _____

Allergies (please list including treatment)_____

_____

_____

In case of emergency, I _____ give my
permission for BJBE ECC staff members to call the following:

Doctor _____ Phone _____

Contact #1 Name: _____ Phone _____

              Relationship to child:_____

Contact #2 Name: _____ Phone _____

              Relationship to child:_____

*DCFS licensing standards require TWO emergency contacts on file for every student in addition to parent contact information.