



EMERGENCY CARD

Child's Name _____ Today's Date: _____

Street _____
Address _____ City _____

Home Phone _____

Parent 1 Name and Cell Phone _____

Parent 1 Business Phone _____

Parent 2 Name and Cell Phone _____

Parent 2 Business Phone _____

Allergies (please list including treatment) _____

In case of emergency, I _____ give my
permission to call the following:

Doctor _____ Phone _____

Contact _____ Phone _____

Contact _____ Phone _____