

# Emergency Contact Information

*Child's Name:* \_\_\_\_\_

*Age:* \_\_\_\_\_

*Date of Birth:* \_\_\_\_\_

*Known Medical Conditions:* \_\_\_\_\_

*Known Allergies:* \_\_\_\_\_

*Current Medications:* \_\_\_\_\_

*Family Doctor:* \_\_\_\_\_

*Doctor Phone Number:* \_\_\_\_\_

*Parent or Guardian Name:* \_\_\_\_\_

*Home Phone Number:* \_\_\_\_\_

*Work Phone Number:* \_\_\_\_\_

*Mobile Phone Number:* \_\_\_\_\_

*Alternate Contact Number:* \_\_\_\_\_

*Home Phone Number:* \_\_\_\_\_

*Work Phone Number:* \_\_\_\_\_

*Mobile Phone Number:* \_\_\_\_\_

*Alternate Contact Number:* \_\_\_\_\_

*Home Phone Number:* \_\_\_\_\_

*Work Phone Number:* \_\_\_\_\_

*Mobile Phone Number:* \_\_\_\_\_

## ***Special Notes***

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