



EMERGENCY CONTACT FORM

General Information

Child First Name _____ Last Name _____

Date of Birth (DD/MM/YYYY) _____ Languages Spoken _____

PARENT #1

PARENT 2

Full Name _____

Address _____

City & Postal _____

Phone & Email _____

Work Address _____

City & Postal _____

Work Phone _____

Cell Phone _____

Emergency Contacts (Other than yourself)

1. First Name _____ Last Name _____ Phone _____

Address _____ City _____ Postal Code _____

2. First Name _____ Last Name _____ Phone _____

Address _____ City _____ Postal Code _____

Persons Authorized for Pick Up

Full Name _____ Full Name _____

Relationship _____ Relationship _____

Medical Information

Medical Information _____

Doctor's Name _____ Phone _____

Address _____ City _____ Postal Code _____

Allergies/ Dietary Restrictions _____