EMERGENCY CONTACT FORM

Please fill out the following information. If you don't know the answer or the question doesn't apply, leave the answer blank.

CHILD'S INFORMATION

First/Last Name: _____

Nickname: _____ Birthday: _____

Home Address: _____

Home Phone: _____ E-mail: _____

PARENT /GAUARDIAN CONTACT INFORMATION

1. Parent/Guardian:

First/Last Name: _____

Work Address: _____

Work Phone: _____ Home Phone: _____ Cell: _____

If you have any of the following, include your email address, Twitter and Facebook names

E-mail: _____ Twitter: _____ Facebook: _____

2. Parent/Guardian:

First/Last Name: _____

Work Address: _____

Work Phone: _____ Home Phone: _____ Cell: _____

If you have any of the following, include your email address, Twitter and Facebook names

E-mail: _____ Twitter: _____ Facebook: _____

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RELEASE INFORMATION
You are authorized to release my child to the parents/guardians above and:

1.   First/Last Name: _____

Address: _____

Relationship to Child: _____

Work Phone: _____ Home Phone: _____ Cell: _____

E-mail: _____ Twitter: _____ Facebook: _____

2.   First/Last Name: _____

Address: _____

Relationship to Child: _____

Work Phone: _____ Home Phone: _____ Cell: _____

E-mail: _____ Twitter: _____ Facebook: _____

3.   First/Last Name: _____

Address: _____

Relationship to Child: _____

Work Phone: _____ Home Phone: _____ Cell: _____

E-mail: _____ Twitter: _____ Facebook: _____

EMERGENCY CONTACT FORM

OUT-OF-TOWN CONTACT (in case local contacts cannot be reached)

First and Last Name: _____

Relationship to Child: _____

Work Address: _____

Home Address: _____

Work Phone: _____   Home Phone: _____   Cell: _____

E-mail: _____   Twitter: _____   Facebook: _____

MEDICAL OR SPECIAL CARE INFORMATION

My child has the following medical conditions and allergies:

My child takes the following prescription medications:

My child needs the following medical treatment or care:

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MY CHILD'S DOCTORS ARE

1. **First/Last Name:** _____

Specialy (e.g., pediatrics): _____

Address: _____

Work Phone: _____ Cell: _____

2. **First/Last Name:** _____

Specialy (e.g., pediatrics): _____

Address: _____

Work Phone: _____ Cell: _____

3. **First/Last Name:** _____

Specialy (e.g., pediatrics): _____

Address: _____

Work Phone: _____ Cell: _____

Other important information or instructions:

I grant permission for the caregiver program to provide or arrange for medical treatment and/or transportation to an evacuation site and/or medical facility for my child, identified above, during an emergency or disaster. I also grant permission for my child to be released to any of the emergency contacts I have designated on the previous page if I am unable to pick them up in an emergency.

Printed Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____