

Emergency Contact Information

Child's First Name	Child's Middle Name	Child's Last Name
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List any allergies or special needs:

Child's Birthdate	Home Phone Number
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Home Address	City	State	Zip Code
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Mother's Name	Mother's Email Address
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Mother's Cell Phone #	Mother's Place of Employment	Mother's Work Phone #
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Father's Name	Father's Email Address
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Father's Cell Phone Number	Father's Place of Employment	Father's Work Phone #
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List Three Emergency Contacts (other than child's parents, one must be local): Phone Numbers:

1 _____	_____
2 _____	_____
3 _____	_____

Emergency Professionals: Phone Number:

_____ Primary Care Physician	_____
_____ Dentist	_____
_____ Preferred Hospital	_____