

Emergency Information

Emergency phone numbers in case parents cannot be reached (relative or friend):

Name and number _____

Name and number _____

Babysitters name and number _____

Name of family doctor and number _____

Does your child have any allergies? _____yes _____no

If yes, explain _____

Does your child have asthma? _____yes _____no

If yes, are there any restrictions? _____

Does your child have any hearing or sight limitations? _____yes _____no

If yes, explain _____

Does your child require any special medications or an EpiPen? _____yes _____no

If yes, explain _____

Are your child's immunizations up to date? _____yes _____no

If no, explain. _____

Person (s) authorized to pick up my child (besides parents, guardians, or emergency pick-ups)

Name: _____comment: _____

Name: _____comment: _____