

Emergency Contact Numbers for Parents or Guardians
July 2006—June 2007

Child's Name _____
Address _____ City, State _____ Zip Code _____
Home Phone Number _____ Birth date _____

Name of Primary Contact _____
Relationship to Child _____
Employer (if applicable) _____ Phone _____
Cell phone _____ Beeper _____

Alternate Contact _____
Relationship to Child _____
Employer (if applicable) _____ Phone _____
Cell phone _____ Beeper _____

Alternate Contact _____
Relationship to Child _____
Employer (if applicable) _____ Phone _____
Cell phone _____ Beeper _____

Please list your child's special medical or health needs, including allergies, if applicable.

For ALL families, please list names of people who **may** drop-off and pick-up your child.
Name: _____ Relationship: _____ Phone #: _____

For families in which custody is an issue, please list names of people who **may not** drop-off or pick-up your child, and give a brief physical description.

Parent or Guardian Signature _____
Date _____