

“Emergency Summary”

Child’s Name: _____ Date of Birth: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Start Date/Anniversary: ____/____/____

Mother’s Name: _____

Place of Employment: _____ Phone: _____ Cell: _____

Father’s Name: _____

Place of Employment: _____ Phone: _____ Cell: _____

*List all individuals and relationships of those responsible for picking up your child. This is very important! If they are not listed below, I **WILL NOT** release your child unless you have given me notice in person or by telephone. A note will not suffice.*

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Child’s Doctor: _____ Phone: _____

Insurance: _____ Mother’s or Father’s (Circle one)

Please leave a copy of the necessary insurance card(s) or a signed, blank insurance form. Also, by signing where indicated below, you give me permission to seek emergency medical care for your child should I not be able to contact you. You also accept responsibility for any medical fees relating to the care of your child, including ambulance transportation.

Signature of parent responsible

Is your child allergic to anything (medications, foods, fragrances, soaps)? _____

Mother’s email address: _____ Work or Home (circle one)

Father’s email address: _____ Work or Home (circle one)