

# Emergency Card



Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

In case of an emergency, please contact:

_____	_____	_____
Contact Name	Phone	Relationship

_____	_____	_____
Contact Name	Phone	Relationship

Health History:

Allergies: \_\_\_\_ Yes \_\_\_\_ No Specify: \_\_\_\_\_ Medication: \_\_\_\_\_

Is your child currently taking any medication? If yes, specify: \_\_\_\_\_

Is there any other information about your child's health you would like to share with us?

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

