



EMERGENCY CONTACT & INFORMATION FORM

Classroom: _____ Teacher's Name: _____

Child's Name: _____ Sex: _____

Date of Birth: _____ Eye Color: _____ Hair Color: _____

Ethnicity: _____ Identifying Marks: _____

Health Concerns/Considerations: _____

Allergies: _____

Health Insurance: _____ Policy # _____

Parent/Guardian 1 Name: _____

Relation: _____ Cell # _____ Work # _____

Parent/Guardian 2 Name: _____

Relation: _____ Cell # _____ Work # _____

I give authorization for Emergency Medical treatment in my absence.

X _____

Additional Emergency Contact List

Please list below any additional persons who may be called in an emergency and who are authorized to take your child from the facility (please leave boxes blank if there are no additional persons). In the event that the primary guardians cannot be reached during an emergency, we will call from the list below in the order they are listed. Each of your additional emergency contacts will be using their driver's license number as their code to check your child in and out of school. Therefore, please ensure we have all driver's license numbers for all additional emergency contacts so they may be registered in our system prior to drop off or pick up.

Name	Address	Phone #	Relation	CA ID/DL #