



Date: _____

Birth Date: _____

EMERGENCY CONTACT FORM

Child's Full Name: _____ Child's Preferred Name: _____

Child's Home Address: _____

Mother/Guardian Name: _____ Work Phone: _____ Cell Phone: _____

Address: _____ Email: _____

Best way to reach while child is in care: _____

Father/Guardian Name: _____ Work Phone: _____ Cell Phone: _____

Address: _____ Email: _____

Best way to reach while child is in care: _____

Child's Doctor: _____ Doctor's Phone: _____

Doctor's Address: _____

Child's Hospital: _____ Address: _____

Child's Dentist: _____ Dentist's Phone: _____

Dentist's Address: _____

People who can be contacted in an emergency and authorized to pick up child from school:

1. Name(s) _____ Cell : _____ other phone: _____

Address: _____ Relationship to child: _____

2. Name(s) _____ Cell : _____ other phone: _____

3. Address: _____ Relationship to child: _____

(PLEASE COMPLETE OTHER SIDE)

Persons authorized to take child from the school: (only fill in as many as you need)

- 1. Name(s) _____ Phone: _____ Phone: _____
Address: _____ Relationship to child: _____
- 2. Name(s) _____ Phone: _____ Phone: _____
Address: _____ Relationship to child: _____
- 3. Names(s) _____ Phone: _____ Phone: _____
Address: _____ Relationship to child _____

Does your child have any special dietary or medical needs? _____

If yes, please specify _____

Medical Insurance Company _____ Policy number: _____

Name of Policy Holder _____

I authorize Kinder Village to provide first aid or CPR in the event of an emergency if or when the parent cannot be reached or is delayed. I understand that if necessary, 911 will be called and my child may be transported to receive care. I understand that I will be responsible for all emergency transportation and any charges not covered by insurance. I give consent for the emergency contact persons listed on the previous page to act on my behalf until I am available.

Signature: _____ Date: _____