

### CHILD'S EMERGENCY INFORMATION SHEET

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Emergency Contact Phone Numbers:

1) \_\_\_\_\_ 2) \_\_\_\_\_

Allergies/Restrictions/Special Instructions:

\_\_\_\_\_

FOLD HERE

### ALTERNATE DROP-OFF/PICK-UP FORM

(Please list ALL persons over 18yrs old whom you give permission to pick up the child outside of person signing the form below)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Phone \_\_\_\_\_

5. Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_