



EMERGENCY INFORMATION

Child's Name: _____ Birth Date: _____

Home Address: _____ Home Phone: _____

Father's Name: _____ Father's Cell: _____

Father's Place of Employment: _____ Business Phone: _____

Mother's Name: _____ Mother's Cell: _____

Mother's Place of Employment : _____ Business Phone: _____

Child's Physician: _____

Physician's Address: _____ Phone: _____

Child's Dentist: _____

Dentist's Address: _____ Phone: _____

Hospital Preferred: _____

Parents' Health Insurance Company: _____

Child's Food Allergies: _____

Childs's Other Allergies: _____

List any other health problems that must be considered during Emergency Medical Care: _____

List at least two emergency contacts (other than parents) who we may contact and who is authorized to pick up your child from Century Nursery School.

Contact 1: _____ Relation to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Contact 2: _____ Relation to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Parent's Signature: _____ **Date:** _____