



**EMERGENCY INFORMATION**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_

Physician's Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Child's Dentist \_\_\_\_\_

Dentist's Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Hospital Preferred \_\_\_\_\_

Parent's Health Insurance Company \_\_\_\_\_

Any Food Allergies \_\_\_\_\_

Any Other Allergies \_\_\_\_\_

List any health problems that must be considered during Emergency Medical Care \_\_\_\_\_

\_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_