

Emergency Contact Form

Children's Information

Child #1 First Name
(Required): _____

Child #1 Last Name (Required): _____

Child #1 Date of Birth
(Required): _____

Child #1 Age (Required): _____

Child #1 Grade (Required): _____

Child #2 First Name: _____

Child #2 Last Name: _____

Child #2 Date of Birth: _____

Child #2 Age: _____

Child #2 Grade: _____

**Additional Child's
Information:** _____

Please include the same information as you did for previous children. I.E. First and Last Name, DOB, etc.

Emergency Contact Form

Parents/Guardians Information

Parents/Guardians First Name
(Required):

Parents/Guardians Last Name
(Required):

Parents/Guardians Phone Number
(Required):

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Parents/Guardians Phone
Number:

() -

Parents/Guardians Email
(Required):

Emergency Contact Form

Emergency Contact Information

Emergency Contact #1 First Name
(Required):

Emergency Contact #1 Last Name
(Required):

Emergency Contact #1 Phone Number
(Required):

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Emergency Contact #2 First
Name:

Emergency Contact #2 Last
Name:

Emergency Contact #2 Phone
Number:

() - _____

Emergency Contact Form

Medical Information

**Child #1 Illnesses/Allergies
(Required):**

**Child #1 Medications
(Required):**

**Child #1 Special Medical Needs
(Required):**

**Child #1 Preferred Hospital
(Required):**

**Child #2
Illnesses/Allergies:**

Child #2 Medications:

**Child #2 Special Medical
Needs:**

**Child #2 Preferred
Hospital:**

**Parents/Guardians Signature
(Required):**
