

Disaster Emergency Information 201 -201

Print or Type Clearly

Child's Last Name _____ Child's First Name _____

Parent(s) Name(s) _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____

Mother's Name _____

Cell Phone _____

Day Time Phone _____ Evening Phone _____

Father's Name _____

Cell Phone _____

Day Time Phone _____ Evening Phone _____

Emergency Telephone Numbers

Person's Name _____ Relationship _____ Telephone number _____

Person's Name _____ relationship _____ Telephone number _____

Out of Town Contact

Person's Name _____ relationship _____ Telephone number _____

Child's Physician _____ Physician's telephone number _____

Please list ALL KNOWN ALLERGIES on the back PLUS any MEDICATION that your child takes on a REGULAR BASIS or for ALLERGIC REACTIONS.