

Busy Beach Day Care

****EMERGENCY CONTACT****

Child's Name: _____ D.O.B.: _____

Home Address: _____ Home Phone: _____

Father's Name: _____ Address (If different): _____

Mother's Name: _____ Address (If different): _____

IMPORTANT PHONE NUMBERS:

Father: Home: _____ Work: _____ Cell: _____

Mother: Home: _____ Work: _____ Cell: _____

ALTERNATE EMERGENCY CONTACT PERSON (S):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Information (allergies to medications, foods, other substances, etc.):

Child's Doctor: _____ Phone Number: _____

I (the undersigned) agree that in case of an accident or injury, and I cannot be reached, emergency medical care may be given to my child.

Parent's Signature: _____ Date: _____