Emergency Card

Child’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Custody: Both Parents ­\_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Other \_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_

Persons to whom we may entrust your child in the event a parent cannot be reached:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_

In the event of an evacuation, we require you to arrive within the hour. You will be notified of the evacuation site when you are called.

Allergies/medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency action plan attached hereto (if applicable)