

Parent/Guardian Emergency Contact Information

The following information must be collected for each participant. The individuals listed below are the only ones allowed to pick up the child from the program. They may include as many as they would like to. It can be collected through the document below or the program's registration software. A printed copy of this information for each program participant must be stored with the Emergency Action Plan.

Child's Information			
Child's Name		Date of Birth	
Preferred Name		Pronouns	
Address			
City, State, Zip			
Allergies and Special Instructions			

Parent/Guardian/Emergency Contact Information (1)	
Parent/Guardian Name	
Address <i>(if different from child)</i>	
City, State, Zip	
Home #:	
Cell #:	
Work #:	
Email:	
Authorized to pick up child:	YES <input type="checkbox"/> NO <input type="checkbox"/>

Parent/Guardian/Emergency Contact Information (2)	
Parent/Guardian Name	
Address <i>(if different from child)</i>	
City, State, Zip	
Home #:	
Cell #:	
Work #:	
Email:	
Authorized to pick up child:	YES <input type="checkbox"/> NO <input type="checkbox"/>

Additional Authorized Adults for Pick Up	
Name:	
Home #:	
Cell #:	
Work #:	

Adults NOT Allowed to Pick-up Child

--

Medical Information

Allergies	
Other Medical Conditions	