Emergency Contact & Medical Information

Child's Name:_____ Date of Birth:_____

Parent's/Guardian's Name:_____

Home Phone Number:_____

Cell Phone Number:_____

Address:_____ City/State/Zip:_____

Alternate Emergency Contact Information

Parent's/Guardian's Name:_____

Home Phone Number:_____

Cell Phone Number:_____

Address:_____ City/State/Zip:_____

Medical Information

Allergies / Special Health Concerns / etc:

_____

_____

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