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|  | **CHILD EMERGENCY CONTACT FORM** | | | | | | | | | **Date:** | |  |
|  | **January 01, 2026** | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Parent / Legal Guardian Information** | | | | |  |  |
|  |  | **NAME** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Name:** |  | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **DATE OF BIRTH** |  |  |  | **Phone:** |  | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **• • • • • • • • • • • • • • • • • • • • • •** | | | | **MOTHER** |  |  |
|  |  | **AGE** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Emergency Contacts** | | | | |  |  |
|  |  | **NICKNAME** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Name:** |  | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **HEIGHT** |  |  |  | **Phone:** |  | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **• • • • • • • • • • • • • • • • • • • • • •** | | | | **NEIGHBOR** |  |  |
|  |  | **WEIGHT** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Name:** |  | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **HOME ADDRESS** |  |  |  | **Phone:** |  | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **• • • • • • • • • • • • • • • • • • • • • •** | | | | **AUNT** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Authorized Pickup Information** | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **Name:** | | | | **Relationship:** | |  | **Phone:** | | |  |
|  |  |  | | | |  | |  |  | | |  |
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|  | **Medical Information** | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **Allergies:** | | | | **Medical Conditions:** | | | | | |  |
|  |  | None | | | |  | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **Physician Name:** | | | | **Institution:** | |  | **Physician Name** | | |  |
|  |  |  | | | |  | |  |  | | |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Note in Case of Emergency** | | | | | | | |  | **Form Valid Until** | |  |
|  |  |  |
|  |  |  |  |  |  |  |  |  |  | **January 01, 2027** | |  |
|  |  | In the event of an emergency, please follow the instructions provided by medical professionals and promptly contact the authorized emergency contacts listed above. | | | | | |  |  |  |
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