

# Emergency Contact List

Child's Name \_\_\_\_\_



Program Name \_\_\_\_\_

<b>Mother's contact information</b>		[Phone]	[Alternate phone]
<b>Father's contact information</b>		[Phone]	[Alternate phone]
<b>Neighbor/Friend contact information</b>		[Phone]	[Alternate phone]
<b>Workplace Information</b>		[Address]	[Phone]
<b>Additional contact person</b>		[Phone]	[Alternate phone]
	[Relationship]		
<b>Physician name</b>		[Phone]	[Alternate phone]
<b>Health Insurance Information</b>		[Policy]	[Insured]
	[Plan]	[Group#]	
<b>Home Address</b>			
<b>Participants Birthday</b>			
<b>Participants Age</b>			
<b>Health Risks:</b>			

