Emergency Card (Please Print)
FAMILY CONTACT INFORMATION   CLASS: 3 OR   4

Child's Full Name	
Birthday	
Address/City/State/Zip	

Mother's Information	Name Cell Phone
	
	                           Work Phone
	
	                           Home Phone

Father's Information	Name Cell Phone
	
	                           Work Phone
	
	                           Home Phone

EMERGENCY CONTACTS

Doctor's Information	Name Office Phone
Contact #1	Name Phone Relationship to Child
Contact #2	Name Phone Relationship to Child

KNOWN ALLERGIES & MEDICAL CONDITIONS, ETC

SIGNATURE OF PARENT/GUARDIAN   DATE

PRINT NAME