



Emergency Contacts

In the event that we cannot reach you, please list **THREE** emergency contacts that we can call and relay information about your child's condition and location.

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Child's Name: _____ Child's DOB: ___ / ___ / ___

Your Name: _____ Relationship to Child: _____

Signature: _____ Date: _____