

1  
**EMERGENCY CARD**

**FOR OFFICE USE ONLY:**

**SCHOOL YEAR:**

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**CHILD'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **APT#** \_\_\_\_\_  
**HOME PHONE:** \_\_\_\_\_  
**ZIP CODE:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**JOB TITLE:** \_\_\_\_\_  
**COMPANY NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**WORK # AND EXT:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**JOB TITLE:** \_\_\_\_\_  
**COMPANY NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**WORK # AND EXT:** \_\_\_\_\_

**EMERGENCY CONTACTS**

**FULL NAME:** \_\_\_\_\_ **2.** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**HOME PHONE:** \_\_\_\_\_  
**WORK PHONE:** \_\_\_\_\_

**AUTHORIZED ESCORTS (PRINT FULL NAME):**

**1.** \_\_\_\_\_ **2.** \_\_\_\_\_ **3.** \_\_\_\_\_

**\*ALLERGIES:** \_\_\_\_\_

**ALL ESCORTS MUST BE 16 YEARS OF AGE OR OLDER**

**PLEASE NOTIFY THE CHILD DEVELOPMENT OFFICE FOR ANY CHANGES ON THIS CARD**

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