



**2016-2017**

**Emergency Contact Form**

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

**Emergency Information**

Parents' Names: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number(s): \_\_\_\_\_

Cell Number (Mom) \_\_\_\_\_ Cell Number (Dad) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Who do we contact FIRST in case of Emergency: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact's Phone Number: \_\_\_\_\_

Person(s) who will be picking child up: \_\_\_\_\_

Persons who are permitted to pick up child: \_\_\_\_\_

\_\_\_\_\_

Persons who are not permitted to pick up child: \_\_\_\_\_

**General Information**

Any allergies we should be aware of? \_\_\_\_\_

Child's siblings and ages: \_\_\_\_\_

\_\_\_\_\_

Is there extended family living at your home? \_\_\_\_\_

Are parents divorced or separated? \_\_\_\_\_

What is of special interest to your child? \_\_\_\_\_

\_\_\_\_\_

Are there any special prayer requests for your child or your family? \_\_\_\_\_

\_\_\_\_\_

Please use the other side of this form to write about anything else you want your child's teacher to know about your child and his/her family.