

EMERGENCY CONTACT

CHILD'S NAME _____

ALLERGIES and MEDICAL CONDITIONS:

1ST CONTACT:

Phone Number: _____

Relationship to child: _____

2nd CONTACT:

Phone Number: _____

Relationship to child: _____

3rd CONTACT:

Phone Number: _____

Relationship to child: _____

IN THE EVENT OF AN EMERGENCY, WE WILL AUTOMATICALLY CALL 911 TO GET HELP ON THE WAY.

WE WILL THEN CALL THE FIRST CONTACT LISTED. IF THEY ANSWER, WE WILL NOT CALL OTHER CONTACTS. IF NO ANSWER ON THE FIRST CONTACT, WE WILL PROCEED TO CALL THE NEXT CONTACT NUMBER.