

# Busy Beach Day Care

## **\*\*EMERGENCY CONTACT\*\***

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address (If different): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address (If different): \_\_\_\_\_

Mother's e-mail address: \_\_\_\_\_ Father's e-mail address: \_\_\_\_\_

### IMPORTANT PHONE NUMBERS:

Father: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### ALTERNATE EMERGENCY CONTACT PERSON (S):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone : \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information (allergies to medications, foods, other substances, etc.):

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Child's Doctor: \_\_\_\_\_ Number Phone: \_\_\_\_\_

*I (the undersigned) agree that in case of an accident or injury, and I cannot be reached, emergency medical care may be given to my child.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_