

Emergency / Data Card

Today's Date:	Child's Name:	Date of Birth:
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Child's Address Information

Street Address:	City:	State:	Zip Code:
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Child's Physician's Information

Physician's Name:	Phone Number:
Street Address:	City:
State:	Zip Code:

Parent /Guardian Information

Child's Guardianship Information:	Both Parents	Yes / No	Only Mother: _____	OR	Only Father: _____
Parent / Legal Guardian 1 Name:					
Street Address:	City:	State:	Zip Code:		
Home Phone:	Cell Phone:	Work Phone:			

Parent / Legal Guardian 2 Name:					
Street Address:	City:	State:	Zip Code:		
Home Phone:	Cell Phone:	Work Phone:			

Emergency Contacts / Persons Allowed to Pick-up the Child

Name	Phone Number	Relationship to Child	Emergency Contact Phone #	Pick-up

"Educating the mind without educating the heart is no education at all" Aristotle