

# EMERGENCY INFORMATION MEADOW WOOD CHILDREN'S CENTER

Date Enrolled \_\_\_\_\_ Date Updated \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Dr. Phone \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Dentist Name \_\_\_\_\_ Dentist Phone \_\_\_\_\_

Dentist's Address \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

## Person to notify in case of Emergency: (If parents are unreachable)

1. Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Wk Phone \_\_\_\_\_ Hm Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Wk Phone \_\_\_\_\_ Hm Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Persons Authorized for Release of Child:

1. \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Please note any extenuating circumstances involving someone else picking up your child such as in the case of a divorce: \_\_\_\_\_

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