

Emergency Contact (Other Than Parents/Guardians)

Child's Full Name: _____

Date of Birth: _____

Date of Care: _____

Please provide emergency contacts in case we are unable to reach a parent or guardian. These individuals must be 18 or older and may also be authorized to pick up your child if needed.

Emergency Contact #1

- Full Name: _____
- Relationship to Child: _____
- Phone Number: _____
- Alternate Phone (if available): _____
- Authorized to Pick Up Child? ☐ Yes ☐ No

Emergency Contact #2

- Full Name: _____
- Relationship to Child: _____
- Phone Number: _____
- Alternate Phone (if available): _____
- Authorized to Pick Up Child? ☐ Yes ☐ No

Additional Notes (Optional):

Parent/Guardian Name: _____

Signature: _____

Date: _____