

Building Blocks Learning Center
Emergency Contact Information

Date _____

Child's Name _____ Birth Date _____

Mother's Name _____ Home Phone _____

Address _____

Occupation _____ Place of Employment _____

Business Address _____ Business Phone _____

Father's Name _____ Home Phone _____

Address _____

Occupation _____ Place of Employment _____

Business Address _____ Business Phone _____

Name and address of two emergency contacts (other than parents)

1. _____ Phone _____

2. _____ Phone _____

Child's Physician _____ Phone _____

Name of health insurance for child _____
(Medical care, if required, will be paid by parent)

Any medical or dietary information necessary for management (allergies, medications, special needs, etc.)

Written consent for emergency medical care.

(signature)