

## FRIENDS DAY CARE - EMERGENCY INFORMATION FORM

CHILD'S NAME:	DATE OF BIRTH DD/MM/YY:
NAME OF CHILD'S PHYSICIAN:	ADDRESS OF CHILD'S PHYSICIAN:
PHYSICIAN'S TEL:	

PARENT/GUARDIAN#1 NAME:	HOME ADDRESS:
EMPLOYER/SCHOOL NAME:	EMPLOYER/SCHOOL ADDRESS:
PRIMARY DAYTIME TELEPHONE:	ALTERNATE DAYTIME TELEPHONE:

PARENT/GUARDIAN#2 NAME:	HOME ADDRESS:
EMPLOYER/SCHOOL NAME:	EMPLOYER/SCHOOL ADDRESS:
PRIMARY DAYTIME TELEPHONE:	ALTERNATE DAYTIME TELEPHONE:
EMERGENCY CONTACTS (A MINIMUM OF ONE NON-PARENT ADULT CONTACT IS REQUIRED):	HOME ADDRESS:
EMERGENCY CONTACT #1 NAME:	
PRIMARY DAYTIME TELEPHONE:	ALTERNATE DAYTIME TELEPHONE:
EMERGENCY CONTACT #2 NAME:	HOME ADDRESS:
PRIMARY DAYTIME TELEPHONE:	ALTERNATE DAYTIME TELEPHONE:
PLEASE LIST ANY OTHER ADULTS AUTHORIZED TO PICK UP	NAME:
NAME:	NAME:
NAME:	NAME:
PARENT/GUARDIAN SIGNATURE:	
DATE:	

