



PARENT EMERGENCY INFORMATION

Date Completed: _____

Date(s) Reviewed: _____

Girl's Name _____

Mother's Name _____

Phone _____

Cell or Pager _____

Current Work Phone _____

Employer _____

Father's Name _____

Phone _____

Cell or Pager _____

Current Work Phone _____

Employer _____

Emergency Contact Person's Name _____

Address _____

Phone _____

2nd Emergency Contact Person's Name _____

Address _____

Phone _____

Day Care/Child Care Center Name _____

Address _____

Phone _____

Additional Comments / Arrangements _____

I hereby give permission for _____ to be transported to a different location in the case of an emergency.

Signed _____

Date _____

Relationship _____