

**Emergency Contact Form**

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| **Childs Name:** |  |
| **Parent or care givers name and telephone numbers**  |  |
| **Address:** |  |
| **Doctors Name and Address** |  |
| **Allergies known:**  |  |
| **Medication:**  |  |
| **Emergency contact name and telephone number [1]** |  |
| **Emergency contact name and telephone number [2]** |  |