Emergency Contact Information

Name of child:_____ D.O.B:_____

Child's Mother's Name:_____

Phone number: ( ) -

Child's Father's Name:_____

Phone number: ( ) -

Allergies:

- ☐ **NONE**
- ☐ **Peanuts**
- ☐ **Milk**
- ☐ **Eggs**
- ☐ **Walnuts**
- ☐ **Tree Nuts**
- ☐ **Fish**
- ☐ **Wheat**
- ☐ **Soy**
- ☐ **Other:_____**