EMERGENCY CARD

Last Name	Child's First Name	Grade	Date of Birth
			/ /
			/ /
			/ /
			/ /

Mother's Name: _____

Employer/School: _____

Primary Phone: _____

Address: _____

City, State _____ Zip Code:_____

_____

Parent/Guardian's Signature **Date**

Father's Name: _____

Employer/School: _____

Primary Phone: _____

Address: _____

City, State _____ Zip Code:_____

_____

Parent/Guardian's Signature **Date**

AUTHORIZED PICK UP

Name: _____
Relationship to Child: _____
Primary Phone: _____
Secondary Phone: _____
Address: _____
City, State _____ Zip Code:_____

Name: _____
Relationship to Child: _____
Primary Phone: _____
Secondary Phone: _____
Address: _____
City, State _____ Zip Code:_____

Name: _____
Relationship to Child: _____
Primary Phone: _____
Secondary Phone: _____
Address: _____
City, State _____ Zip Code:_____

Name: _____
Relationship to Child: _____
Primary Phone: _____
Secondary Phone: _____
Address: _____
City, State _____ Zip Code:_____