

# IDENTIFICATION AND EMERGENCY INFORMATION CARD

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Child lives with: [ ] = both parents, [ ] = mother, [ ] = father, [ ] = other: \_\_\_\_\_

<b>Mother's name:</b> _____ Address: _____ City: _____ St: ____ Zip: ____ Home phone: (____) ____-____ Cell/pager: (____) ____-____  Employer: _____ Address: _____ City: _____ St: ____ Zip: ____ Work phone: (____) ____-____
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<b>Father's name:</b> _____ Address: _____ City: _____ St: ____ Zip: ____ Home phone: (____) ____-____ Cell/pager: (____) ____-____  Employer: _____ Address: _____ City: _____ St: ____ Zip: ____ Work phone: (____) ____-____
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*In case of illness/emergency, who should we contact first? Mother: [ ] Father: [ ]*

Contact persons other than parents authorized and available to pick up child in order of preference:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_