





**EMERGENCY INFORMATION FORM**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents' Names/phone #: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name / Relation / Phone Number

Allergies: \_\_\_\_\_

Limitations: \_\_\_\_\_

Other important information: \_\_\_\_\_  
\_\_\_\_\_

By signing this form I hereby certify that I have provided all information concerning my child's medical and psychological conditions. I understand and agree that it is my sole responsibility to complete and update this form. I intend and agree that the releases, waivers and other undertaking by me stated on the first page of this form apply and are in full force and effect.

X \_\_\_\_\_  
Printed Name of Parent/or Legal Guardian Date:

X \_\_\_\_\_  
Signature of Parent/ or Legal Guardian

PNO Date:	Reviewed	Parent's Initial		PNO Date:	Reviewed	Parent's Initial	