

Allergy Y\_\_ N\_\_ Special Pick Up Request Y\_\_ N\_\_  
Media Release Y\_\_ N\_\_



*Emergency Information Card*

Child's Name		Date of Birth	Gender	Home Phone
Address		City	State	Zip
Mother's Name		Mother's Work #		Mother's Cell #
Father's Name		Father's Work #		Father's Cell #
Emergency Contact Name and Phone Number		Emergency Contact Name and Phone Number		
Persons Authorized to Pick Up Child				
Allergy/Special Needs				
Email		Persons <b>NOT</b> Authorized to Pick up Child		