



Please complete this form with a dark pen.

EMERGENCY INFORMATION FORM

Child's name		Home phone
Child's address		
In the event of an emergency, a parent will be contacted as soon as possible. Please list all phone numbers where you may be reached.		
Parent #1		Relation
Phone numbers (in priority order)		
Parent #2		Relation
Phone numbers (in priority order)		
A minimum of two additional emergency contacts must be listed. If neither parent can be located, attempts will be made to contact these individuals in the order listed.		
Contact #1		Relation
Complete address	Phone number(s)	
Contact #2		Relation
Complete address	Phone number(s)	
Child's physician		Physician's phone number
Health insurance carrier	Policy number	Name of insured
<input type="checkbox"/> My child is not covered by a health insurance policy.		
<input type="checkbox"/> Members of the YCP teaching staff may have access to the health insurance information I have submitted.		
<input type="checkbox"/> I am not willing to disclose information regarding my child's health insurance coverage.		
I authorize the staff of the Young Children's Program to obtain immediate medical care if an emergency occurs and a parent cannot be located immediately.		
Date	Printed name of parent or guardian	Signature

