

EMERGENCY CONTACT FORM

Child's Name:	
Sex:	Date of Birth:
Name of Parent 1 / Guardian 1:	
Address:	
	Phone:
Name of Parent 2 / Guardian 2:	
Address:	
	Phone:
Persons authorised to be contacted if Pare emergency:	ents/ Guardians cannot be reached in case of an
Name:	
Address:	
	Phone:
Name:	
Address:	
	Phone:



© Cheqdin Childcare Software – <u>www.cheqdin.com</u> This free template is provided courtesy of Cheqdin Childcare Software