EMERGENCY INFORMATION/PARENTAL CONSENT

ALL FIELDS REQUIRE AN ANSWER OR DRAW A "------" IF NO ANSWER

CHILD'S NAME (as it should appear in all documents and classroom signs) Birthdate Street Address, City, State and Zip Code Cell Phone Number PARENT/LEGAL GUARDIAN NAME Cell Phone Number Street Address, City, State and Zip Code E-Mail Address Business Name Business Phone Number Business Street Address, City, State and Zip Code E-Mail Address PARENT/LEGAL GUARDIAN NAME Cell Phone Number Business Street Address, City, State and Zip Code E-Mail Address PARENT/LEGAL GUARDIAN NAME Cell Phone Number Business Street Address, City, State and Zip Code E-Mail Address Business Street Address, City, State and Zip Code E-Mail Address Business Name Business Phone Number Business Street Address, City, State and Zip Code E-Mail Address Business Street Address, City, State and Zip Code E-Mail Address Business Street Address, City, State and Zip Code EMERGENCY CONTACT PERSON(S) - FULL NAME & PHONE NUMBER WHEN CHILD IS IN CARE - TWO REQUIRED (CANNOT BE PARENTS) (1) (2) (2) PERSON(S) TO WHOM CHILD MAY BE RELEASED - Full Name, Full Mailing Address & hone Number When Child Is In Care (I No Circ, Write TNo Circ, Orige 1 or (1) (2) (2) Street Address, City, State and Zip Code Street Address, City, State and Zip Code Street Address, City, State and Zip Code <t< th=""><th></th><th></th><th></th><th></th></t<>					
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