

TINY TOTS EMERGENCY FORM

CHILD's Last Name:	First:	Middle:
Name to be used at Tiny Tots:		
Street Address:	City:	Zip Code
Home Phone ()	Birthdate:	Age:

MOTHER's Last Name:	First:	Middle:
Street Address:	City:	Zip Code:
Home Phone ()	Cell Phone ()	Work Phone ()

FATHER's Last Name:	First:	Middle:
Street Address:	City:	Zip Code:
Home Phone ()	Cell Phone ()	Work Phone ()

IF APPLICABLE

Legal Guardian Last Name	First:	Middle:
Street Address:	City:	Zip Code:
Home Phone ()	Cell Phone ()	Work Phone ()

PLEASE CONTACT IN CASE OF EMERGENCY

Name	Phone: ()	Relationship
Name	Phone: ()	Relationship
Name	Phone: ()	Relationship

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY

(Child will not be allowed to leave without written authorization from parent or guardian)

Name	Phone: ()	Relationship
Name	Phone: ()	Relationship
Name	Phone: ()	Relationship

NAMES OF PERSONS NOT AUTHORIZED TO TAKE CHILD FROM FACILITY

Name	Phone: ()	Relationship
Name	Phone: ()	Relationship

OUT-OF-STATE CONTACT

Name	Phone: ()	Relationship
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I, the parent or legal guardian, certify that the above named child is in good health, except for the following ailment(s) or allergies, if any (if no ailments, write "none"):

Signature of Parent or Guardian	Date:
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