

**Endless Journey Child Care**  
Emergency Information

Name of Child \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ E-mail Address \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ E-mail Address \_\_\_\_\_

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Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

**If your Physician cannot be reached, what action should be taken, please include  
phone number.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Address \_\_\_\_\_

**Name of Child** \_\_\_\_\_

**In case of an emergency or if your child becomes ill and we cannot reach you, the following people have authorization to pick up your child.**

1) Name \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

2) Name \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Please list any allergies your child has (including asthma, food, medications, pets etc.):

\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_