

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 _____

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 _____