



# EMERGENCY CONTACT

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MY NAME: \_\_\_\_\_ I AM CHILD'S  PARENT  
PLEASE PRINT FULL NAME  GRANDPARENT  
 LEGAL GUARDIAN

### CALL ME AT THESE PHONE NUMBERS

HOME: \_\_\_\_\_

MOBILE: \_\_\_\_\_

WORK: \_\_\_\_\_

### EMERGENCY CONTACT #1

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME: \_\_\_\_\_

MOBILE: \_\_\_\_\_

WORK: \_\_\_\_\_

### EMERGENCY CONTACT #2

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME: \_\_\_\_\_

MOBILE: \_\_\_\_\_

WORK: \_\_\_\_\_

### EMERGENCY CONTACT #3

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME: \_\_\_\_\_

MOBILE: \_\_\_\_\_

WORK: \_\_\_\_\_

### CHILD'S DOCTOR'S INFORMATION

NAME: \_\_\_\_\_

TEL: \_\_\_\_\_

### CHILD'S CURRENT MEDICATIONS

\_\_\_\_\_

\_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_  
\_\_\_\_\_

**POTENTIALLY LIFE THREATENING?**

*By signing this form, I authorize The JamZone to call 911 on behalf of my child in an emergency:*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE COMPLETE AND SIGN A NEW FORM EVERY YEAR**