

nextlevel2u

EMERGENCY CONTACT INFORMATION

Child's name: _____ Age: _____ DOB: _____

Parent/Guardian name: _____

Cell Phone: _____ Home Phone: _____

Alternate Contact Name: _____

Alternate Contact Number: _____

Medical Conditions*: _____

Allergies: _____ Medications: _____

Family Doctor: _____ Doctor Number: _____

Notes: _____

Parent Signature: _____

Date: _____

*please include any issues we should be aware of including, but not limited to: asthma, prone to fainting, emotional, social or behavior issues, any limitations, etc.