Emergency Contact Form

Wylari

One per child. Review and re-sign every enrollment year — and any time a number changes.

Child's full name | Date of birth | Today's date

PARENTS / GUARDIANS (CALL FIRST, IN ORDER)

1 · Name | Cell phone | Work / alternate

2 · Name | Cell phone | Work / alternate

IF PARENTS CAN'T BE REACHED

Contact 1 — name | Relationship | Phone

Contact 2 — name | Relationship | Phone

Contact 3 — name | Relationship | Phone

Emergency contacts may also pick your child up in an emergency unless you tell us otherwise in writing.

MEDICAL QUICK REFERENCE

Child's physician | Physician phone | Preferred hospital / clinic

Insurance provider & policy # | Allergies & critical conditions (the 5-second version)

EMERGENCY CARE CONSENT

If my child is injured or becomes seriously ill and I cannot be reached immediately, I authorize the provider to call 911, obtain emergency medical or dental care for my child, and arrange transport to the nearest appropriate facility. I understand every attempt will be made to reach me and the contacts above at once, and that I am responsible for any costs of emergency care and transport.

Parent / guardian signature | Printed name | Date