

CHILD RELEASE AND EMERGENCY CONTACTS LIST

(Please PRINT clearly)

Child's Name	<u>Code Word</u>
Child's Physician	Phone #
Physician's Address	Zip
Preferred Hospital	
Child's Dentist	Phone #
Insurance Company	
Policy Holder	
Group Number	
Policy ID	

Emergency Contact (yes / no)	Release (yes / no)	Name	Relationship	Home Phone	Work Phone	Cell Phone

Food Allergies
Other Allergies / Sensitivities

Signed	Date
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