



Emergency Contact Form

Patient Name: _____

Individuals authorized to pick-up child:

Emergency Contact 1 (Primary Caregiver)

Contact Name: _____

Relationship to child: _____

Home Phone Number: _____

Cell Phone Number: _____

Emergency Contact 2

Contact Name: _____

Relationship to child: _____

Home Phone Number: _____

Cell Phone Number: _____

Emergency Contact 3

Contact Name: _____

Relationship to child: _____

Home Phone Number: _____

Cell Phone Number: _____