



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