

**David's Christian Learning Center
Emergency Information Sheet**

Child's Name: _____ Child's Birth Date: _____

Date: _____ Child's Start Date: _____

Family Contact Information

Mom's Name: _____ Mom's Home Ph: _____

Mom's Address: _____

Place of Employment: _____

Mom's Work Ph: _____ Mom's Cell Ph: _____

Dad's Name: _____ Dad's Home Ph: _____

Dad's Address: _____

Place of Employment: _____

Dad's Work Ph: _____ Dad's Cell Ph: _____

Emergency Contact Information

1st Contact: _____ Relationship: _____

Street: _____ Primary Phone: _____

City, State Zip: _____ Alternate Phone: _____

2nd Contact: _____ Relationship: _____

Street: _____ Primary Phone: _____

City, State Zip: _____ Alternate Phone: _____

Medical Information

Physician: _____ Clinic: _____

Street: _____ Phone: _____

City, State Zip: _____

Dentist: _____ Clinic: _____

Street: _____ Phone: _____

City, State Zip: _____

Allergies: _____

Regular Medications: _____

Medical Conditions: _____