

EMERGENCY CONTACT FORM

Summit Early Learning Center, Inc.

Minneapolis, MN 55405

Phone: 612-377-9011

Fax: 612-977-0168

Child's Name: _____

Birth Date: _____

Parent/Guardian Name and Address
1.
2.

Primary Phone Number Home/Cell/Work

Authorized Pick-up Contacts: Please list two people authorized to pick-up your child should he or she become ill and you cannot be reached.

Name and Address	Phone Number(s)	Relationship to Child
1.		
2.		

Emergency Care/Hospital Policy: In case of an emergency that requires your child to go to the Hospital or Emergency Department **and you cannot be reached**, please list two people who have your permission to accompany your child and who may have access to health information concerning your child. ****NOTE:** These may be the same people under AUTHORIZED PICK-UP CONTACTS listed above

Name and Address	Phone Number(s)	Relationship to Child
1.		
2.		

Physician/Dentist/Health Insurance Information:

Name and Address	Phone Number	
Physician		
Dentist		
Health Insurance		Medical ID Number