

## **Emergency Contact Information:**

Additional adults who have permission to care for my child other than parents/guardian

**Name**

**Relationship to child**

**Phone numbers**

Contact #1: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact #2: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact #3: \_\_\_\_\_

\_\_\_\_\_

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