



*Precious Lambs, Inc.*  
*Early Childhood & Child Care Center*

**EMERGENCY CONTACT INFORMATION**

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PARENT/GUARDIAN**

1. \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

2. \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

EMERGENCY contact name \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Town in which you live \_\_\_\_\_ Town in which you work \_\_\_\_\_

EMERGENCY contact name \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Town in which you live \_\_\_\_\_ Town in which you work \_\_\_\_\_

EMERGENCY contact name \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Town in which you live \_\_\_\_\_ Town in which you work \_\_\_\_\_

# EMERGENCY CONTACT INFORMATION

## AGREEMENT/AUTHORIZATION

I authorize Marjorie Mallard & staff of Precious Lambs, Inc., Early Childhood & Child Care Center, to contact emergency service 911 to transport my child to safety if a serious emergency exists.

I give permission for first aid or advanced medical care to be given to my child as necessary. My child has special needs/medication \_\_\_\_\_

My health insurance company is \_\_\_\_\_

I give my consent to Marjorie Mallard and the staff of Precious Lambs, Inc., Early Childhood & Child Care Center to release my child into the custody of the individual(s) named above.

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Parent Signature

Date