Emergency Contact Extended Day 2027

Child's Full Name: _____ DOB: _____

Primary Parent/Guardian's Name: _____

Phone Number: _____ Email:_____

1st Emergency Contact Name: _____

Emergency Contact Phone Number: _____

2nd Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Health Concerns (i.e. Allergies, Illnesses, Behaviors):

_____

_____

_____

_____

Child's Doctor: _____

Doctor's Phone Number: _____

Emergency Contact Disclaimer

In the event of an emergency, our staff will take necessary steps to keep children safe and calm. Staff will seek emergency medical care as warranted. In the case of a serious injury or illness, appropriate emergency medical assistance will be contacted (911 will be called). If we are unable to reach you or the authorized person on your child's information form, you give Bethany Parks and Recreation and emergency medical staff permission to transport your child to the nearest hospital.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____