



16 Hickory Street Trumbull, CT 06611  
(203) 261-0499

Child's photo

### CHILD Emergency Information

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Gender \_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list any **known allergies/restrictions/medical conditions**: \_\_\_\_\_

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#### Parent /Guardian

Name: \_\_\_\_\_

#### Parent/Guardian

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

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

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Copy of driver's license

Copy of driver's license

Marital status:

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Are there any court orders involving your child? \_\_\_\_\_ If yes, provide us a copy and effective date.

**State Regulations require you to list additional emergency contact people.**

**In the event of an emergency, the people listed below are authorized to pick-up and make decisions for my child:**

**Emergency Contact #1**

**Emergency Contact #2**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

**Additional people authorized to pick-up my child**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

The information I have provided is correct. I understand the Center will rely on this information until it is revised by me.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Photo identification is required for anyone authorized to pick-up your child.  
STAFF: Copy all authorized persons photo I.D and attach below.**