



ALL DAY LEARNING CENTERS
170 Township Line Road, Hillsborough, NJ 08844
(908) 359-0803

Emergency Contact Form

Child's information

Last Name: _____
First Name: _____
Date of birth: _____
Address: _____
Phone: _____
Languages: _____

Father's information

Name: _____
Home Address: _____
Home Phone: _____
Work Address: _____
Work Phone: _____
Cell Phone: _____

Mother's information

Name: _____
Home Address: _____
Home Phone: _____
Work Address: _____
Work Phone: _____
Cell Phone: _____

Emergency contacts other than parents

Name: _____
Address: _____
Phone: _____
Name: _____
Address: _____
Phone: _____
Name: _____
Address: _____
Phone: _____
Name: _____
Address: _____
Phone: _____

Medical information (over)

Doctor's information

Name: _____
Address: _____
Phone: _____
Fax: _____

Dentist's information

Name: _____
Address: _____
Phone: _____
Fax: _____

Hospital's information

Name: _____
Phone: _____

Medical information

Allergies (e.g. peanut butter, bee stings, medications): _____

Chronic diseases (e.g. diabetes, asthma): _____

Handicaps (e.g. hearing loss): _____

Behavioral or developmental issues: _____

Long term medications and dosage: _____

Any other information that emergency personnel should know about: _____

