

LITTLE LAMBS CHRISTIAN DAYCARE & PRESCHOOL EMERGENCY CARD

Child's Name	Birthdate	Parents	Phone Numbers
Address		1.	W:
			H:
			Cell:
City, State, Zip		2.	W:
			H:
			Cell:

EMERGENCY ALTERNATIVE AND AUTHORIZED PICKUP

1.Name	Relationship	2.Name	Relationship
Address		Address	
Phone #	W:	Cell:	
	H:		
Phone #	W:	Cell:	
	H:		

The following information is required by the Department of Human Services

ALLERGIES	MEDICATIONS
Physician	Phone #
Dentist	Phone #
Preferred Hospital	Date of last DPT

