kiddies cove

EMERGENCY CONTACT LIST

CHILD'S NAME: _____ DATE: _____

PLEASE FILL OUT AND SIGN A NEW EMERGENCY CONTACT LIST EACH YEAR

MY NAME: _____ I AM CHILD'S

- PARENT ☐
- GRAND PARENT ☐
- LEGAL GUARDIAN ☐

CALL ME ON THESE PHONE NUMBERS:

HOME: _____

MOBILE: _____

WORK: _____

CHILD'S DOCTOR'S INFORMATION:

NAME: _____

TEL: _____

IF YOU CAN'T REACH ME, PLEASE CALL:

NAME: _____

RELATIONSHIP: _____

HOME: _____

MOBILE: _____

WORK: _____

MY CHILD IS CURRENTLY TAKING THESE MEDICATIONS

ALLERGIES: _____

_____

POTENTIALLY LIFE-THREATENING ☐

SIGNATURE: _____ DATE: _____

NOTES: _____

_____

_____

THIS FORM EXPIRES ON

Address:- Budon Close, OFF Offa Road, GRA, Ilorin
Telephone:- 0906755996