

Emergency and Medical Contact Information

NEW FAMILIES ONLY

Please provide Emergency and Medical Contact Information below:

We must have up-to-date emergency contact information for each family. Please give us the names of people who are likely to be available or may be able to locate you. Parents' administrative assistants at work are often very helpful.

We will always call parents first so please *do not* include yourself on this list.

Child's Name _____

<u>Name:</u>	<u>Phone Numbers:</u>	<u>Relationship:</u>
1. _____	cell _____	_____
Circle what applies:	home _____	_____
Emergency Pick up only	work _____	
.....		
2. _____	cell _____	_____
Circle what applies:	home _____	_____
Emergency Pick up only	work _____	
.....		
3. _____	cell _____	_____
Circle what applies:	home _____	_____
Emergency Pick up only	work _____	

Child(ren)'s physician: _____ Phone: _____

Name of Practice: _____

Hospital Preference: CMC Hospital Presbyterian Hospital Other _____