

SWANSEA KIDS PLACE: Child's Emergency Contact Information

Note: If address is the same please indicate same address.

Child's Information

First Name: _____

Last Name: _____

Date of Birth (dd/mm/yyyy): _____

Special Medical or Additional Information Helpful in an Emergency (e.g., allergies, known medical conditions):

Parent #1

First Name: _____

Last Name: _____

Preferred Phone Number: _____

Alternate Phone Number: _____

Email: _____

Home Address _____

Parent #2

First Name: _____

Last Name _____

Preferred Phone Number: _____

Alternate Phone Number: _____

Email: _____

Home Address _____

Emergency Contact

First Name _____

Last Name _____

Relationship to Child: _____

Relationship to child

Address: _____

Preferred Phone Number: _____

Alternate Phone Number: _____