

### Child/Parent Information:

For each child currently enrolled in the Mill Creek Early Childhood Program the following contact and emergency information is kept with the emergency kits.

#### Child's Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Allergies/Special Instructions/Comforting Items: \_\_\_\_\_

#### Parent Guardian Information (1)

Parent Guardian Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Email (personal): \_\_\_\_\_ Email (work): \_\_\_\_\_  
Place of Work: \_\_\_\_\_ Address: \_\_\_\_\_

#### Parent Guardian Information (2)

Parent Guardian Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Email (personal): \_\_\_\_\_ Email (work): \_\_\_\_\_  
Place of Work: \_\_\_\_\_ Address: \_\_\_\_\_

#### Additional Emergency Contact (1)

Parent Guardian Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Email (personal): \_\_\_\_\_ Email (work): \_\_\_\_\_

#### Additional Emergency Contact (2)

Parent Guardian Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Email (personal): \_\_\_\_\_ Email (work): \_\_\_\_\_

#### Medical Information

Practice: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_