loving • nurturing care

Pei Pei's playhouse

Emergency Contact Information

Child's Name: _____

Date of Birth (month/day/year): _____

Address: _____

_____

Home Phone: _____

Mother's Name: _____

Mother's Mobile/Work Phone: _____

Father's Name: _____

Father's Mobile/Work Phone: _____

Child's Physician and Phone: _____

Allergies/Medical Conditions: _____

_____

Hospital Preference:_____

I hereby give my consent for emergency medical care or treatment to be used only if I can not be reached immediately.

_____ _____

Signature of Parent or Guardian Date