



Child Watch Emergency Contact

*A separate form is required for each child

Parents Name/Legal Guardian: _____		Member #: _____	
Phone Number: _____		Email Address: _____	
Address: _____		City: _____	State: _____ Zip: _____

Child's Name: _____		DOB: ____/____/____	Age: _____	Grade: _____
Does your child have an ____IEP, ____504 or ____special need for care? _____				
Special Disabilities (If Any) _____				
Allergies (Including Medication Reaction) _____				
Medical or Dietary Information necessary in an Emergency situation: _____				
Medication (ex. Inhaler): _____				
Additional information on special needs of child: _____				

Emergency Contact Person(s):		
Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature: _____		Date: _____
Six Month Periodic Review:		
Signature: _____		Date: _____
Signature: _____		Date: _____
Signature: _____		Date: _____