

# EMERGENCY CONTACT LIST

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE PRINT, COMPLETE AND SIGN THE FOLLOWING FORM**

MY NAME: \_\_\_\_\_ I AM CHILD'S: ☐ PARENT  
☐ GRANDPARENT  
☐ LEGAL GUARDIAN  
PLEASE PRINT FULL NAME

## CALL ME AT THESE PHONE NUMBERS:

HOME: \_\_\_\_\_  
MOBILE: \_\_\_\_\_  
WORK: \_\_\_\_\_

## IF YOU CAN'T REACH ME, PLEASE CALL:

NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
HOME: \_\_\_\_\_  
MOBILE: \_\_\_\_\_  
WORK: \_\_\_\_\_

## CHILD'S DOCTOR'S INFORMATION

NAME: \_\_\_\_\_  
TEL: \_\_\_\_\_

## MY CHILD IS CURRENTLY TAKING THESE MEDICATIONS:

ALLERGIES: \_\_\_\_\_

POTENTIALLY  
LIFE-THREATENING

By signing this form I authorize Art Box Studios to call 911 on behalf of my child in an emergency

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS FORM EXPIRES ON:**