

**SOUTH PARK HIGH SCHOOL
EAGLE RIDGE CHILD DEVELOPMENT CENTER**

EMERGENCY CONTACT INFORMATION

Parent/Guardian Name _____

Address _____

Phone Number _____

Work Hours _____

Work Phone Number _____

Child's Physician _____

Physician Phone Number _____

Health Insurance Carrier and Policy Number _____

Emergency Contact if Parent/Guardian Unavailable _____

Relationship to Parent/Guardian _____

Phone Number of Emergency Contact _____

Child's Medical History:

Food or other allergies _____

Special medical conditions or concerns _____

Daily medications taken _____