



EMERGENCY CONTACT INFORMATION

client label

Emergency Contacts

Name & Relationship to Child	Contact Information
	(H): _____ (C): _____ Other: _____
	(H): _____ (C): _____ Other: _____
	(H): _____ (C): _____ Other: _____
	(H): _____ (C): _____ Other: _____
	(H): _____ (C): _____ Other: _____

****Emergency contacts MUST be available to assume full care of child in the event of an emergency.**

Pediatrician/Physician Information

Name & Specialty	Contact Information
	(P): _____ (F): _____ Other: _____
	(P): _____ (F): _____ Other: _____
	(P): _____ (F): _____ Other: _____
	(P): _____ (F): _____ Other: _____

CCAC Case Manager: _____

Contact Number: _____

Date of Completion: _____

Parent/Guardian Signature: _____

PLEASE SIGN IF THERE ARE NO CHANGES TO YOUR EMERGENCY CONTACT INFORMATION

Parent/Guardian Signature

Staff Signature

Date

Parent/Guardian Signature

Staff Signature

Date

Parent/Guardian Signature

Staff Signature

Date

To be completed/reviewed annually.