

Little Hands Emergency Card Information

Child's Name:	Date Of Birth:
Hair Color:	Home#
Eye Color:	Height:
Any Distinguishing Features:	Weight:
Address:	
Mom's Name:	Home#
Mom's Cell #	Work#
Dad's Name:	Home#
Dad's Cell#	Work#
1.Emergency Contact &Relationship	
Home And Or Cell #	
2.Emergency Contact& Relationship	
Home And Or Cell#	
Child's Doctor's Name	
Office #	
Allergies/Medical Conditions	
Care Card Number#	

*** Please Attach Photo Of Your Child To The Top Right Hand Corner**