

**StrongStart Emergency Information**

**CHILD**

First and Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Allergies or Special Information: \_\_\_\_\_

**PARENT/CAREGIVER**

First and Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

Allergies or Special Information: \_\_\_\_\_

**1<sup>st</sup> EMERGENCY CONTACT**

First and Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

**2<sup>nd</sup> EMERGENCY CONTACT**

First and Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_