ECLC Emergency Contact Information
Person must be local, able to pick up child asap, and reliable

Childs Name: _____

DOB:_____

Mom name:_____

Dad's name: _____

Emergency Contact 1:

Name: _____

Relation:_____

Phone:_____

Address: _____

Emergency Contact 2:

Name: _____

Relation:_____

Phone:_____

Address: _____

Emergency Contact 3:

Name: _____

Relation:_____

Phone:_____

Address: _____