

Moorpark CDC- Emergency Information

Child's Name: _____ Room # _____

Mother's Name: _____ Email: _____

Address: _____

Mother's Cell: _____ Home Phone: _____

Father's Name: _____ Email: _____

Address: _____

Father's Cell: _____ Home Phone: _____

Emergency Contacts: (Persons authorized to pick up child)

Name: _____ Cell#: _____

Home#: _____

Name: _____ Cell#: _____

Home#: _____

Name: _____ Cell#: _____

Home#: _____

Out Of State Contact: _____ Cell # _____

Home: _____

Food Allergy: _____ Yes _____ No

*If YES Please fill out Individualized Care Plan for Food Allergies Form

Environmental Allergies: _____ Yes _____ No

Please Explain: _____

Any other information we should know: _____
