



Tender Years

Learning Center

507 Walnut Hill Road
North Yarmouth, ME 04097
(207) 829-6062

www.tender-years.com

EMERGENCY INFORMATION RECORD

CHILD'S LAST NAME		CHILD'S FIRST NAME		EMERGENCY INFORMATION RECORD	
PARENT/GUARDIAN NAME		HOME PHONE			
HOME ADDRESS			CITY	STATE	ZIP
ALTERNATE HOME ADDRESS			CITY	STATE	ZIP
PARENT 1 NAME		BUSINESS PHONE		CELL PHONE	
PARENT 2 NAME		BUSINESS PHONE		CELL PHONE	
IN CASE OF AN EMERGENCY AND PARENT/S IS NOT AVAILABLE, CONTACT:					
NAME 1		ADDRESS			PHONE
NAME 2		ADDRESS			PHONE
CHILD'S PHYSICIAN		ADDRESS			PHONE
CHILD'S DENTIST		ADDRESS			PHONE

HOSPITAL WHERE CHILD SHOULD BE TAKEN IF PARENT OR PHYSICIAN IS UNAVAILABLE

ALLERGIES AND OTHER MEDICAL CONDITIONS: (Please explain checked items below or if necessary, use the other side of this form)

- ALLERGIES
 ASTHMA
 DIABETES
 OTHER
 EPILEPSY
 HEART PROBLEMS
 RECURRING ILLNESS

In case of an accident or serious illness or injury, I request the school to contact me. If the school is unable to reach me, I hereby authorize the staff at Tender Years Learning Center to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever actions seem necessary:

Parent/Guardian Signature: _____ Date: _____