

## Extended Day

### In Case of Emergency Contact Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Parent's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/Medical Condition: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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