

Shepherd of the Coast Early Childhood Center

1901 East Commercial Boulevard - Fort Lauderdale, FL 33308

954-772-5468

EMERGENCY FORM

Child's Name _____
Last First Middle Initial

Address _____

Date of Birth _____ Home Phone Number _____

Father's Name _____ Work # _____ Cell # _____

Mother's Name _____ Work # _____ Cell # _____

If parents cannot be reached, please list an Emergency Contact Person who can be contacted in the event of an emergency:

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Doctor's Name _____ Phone # _____

Allergies _____

Medications _____

Comments _____

I give Shepherd of the Coast Learning Center, its teachers or agents permission to provide or obtain emergency transportation and/or treatment for the above-named child.

Parent/Guardian Signature _____ Date _____

Sworn to me this _____ day of _____, 20__.

Notary Signature _____

O:Faith/ECC Packet