



**THE EDUCATIONAL THERAPY CENTER OF PRINCETON**

6-8 Charlton Street Princeton, NJ 08540 | 609.920.5201

# EMERGENCY CONTACT FORM

**CHILD'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## PRIMARY EMERGENCY CONTACT

PARENT/GUARDIAN #1: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CELL: \_\_\_\_\_ HOME: \_\_\_\_\_ WORK/EMAIL: \_\_\_\_\_

PARENT/GUARDIAN #2: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CELL: \_\_\_\_\_ HOME: \_\_\_\_\_ WORK/EMAIL: \_\_\_\_\_

## SECONDARY EMERGENCY CONTACT

CONTACT NAME #1: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CELL: \_\_\_\_\_ HOME: \_\_\_\_\_ WORK/EMAIL: \_\_\_\_\_

CONTACT NAME #2: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CELL: \_\_\_\_\_ HOME: \_\_\_\_\_ WORK/EMAIL: \_\_\_\_\_

## HEALTH INFORMATION

DOCTOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ SEVERITY: \_\_\_\_\_

ANY MEDICATIONS OF WHICH WE SHOULD BE AWARE? \_\_\_\_\_

ANYTHING ELSE OF NOTE? \_\_\_\_\_