

**Mount Sterling Christian School & Daycare
Emergency Contact Information**

Child's Name _____ Birthdate _____

Mother _____ Cell

Email _____

Home # _____ Work# _____

Father _____ Cell# _____

Email _____

Home # _____ Work# _____

Allergies _____

Medications _____

Doctor _____ Phone# _____

Dentist _____ Phone# _____

Preferred Hospital _____

IF PARENTS CANNOT BE REACHED IN AN EMERGENCY, WHO SHOULD BE CONTACTS?

Name _____ Cell# _____

Relationship _____ Home# _____

D.L. _____ Work# _____

Name _____ Cell# _____

Relationship _____ Home# _____

D.L. _____ Work# _____