

EMERGENCY INFORMATION CARD

All Aboard...Learning Express, Inc.

2024-2025

Child's Name _____

Birthdate _____

Parent(s)/Guardian(s) _____

Home Phone # _____

Cell Phone # _____ / _____

Email _____

Home Address _____

Parent/Guardian Employer _____ Phone _____

Parent/Guardian Employer _____ Phone _____

Child's Doctor _____ Phone _____

Emergency Contact _____ Phone _____

List Allergies to Food, Medication, or Treatment _____
