

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 _____

EMERGENCY INFORMATION CARD
All Aboard...Learning Express, Inc.

2023-2024