

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

2025-2026

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 \_\_\_\_\_

\_\_\_\_\_