



3488 Jeffco Boulevard, Ste 102  
 Arnold, Missouri 63010  
 Phone: 636-464- KIDZ (5439)

## Emergency Contact and Medical Form

Patient Name:	Birth Date:
Emergency Contact Name:  Home Number:  Cell Number:  Work Number:	Relationship to child:
Additional Emergency Contact Name:  Home Number:  Cell Number:  Work Number:	Relationship to child:
Primary Physician Name:	Office Phone Number:
Signature of legal guardian: _____ Date: _____	
Individuals authorized for pick-up besides parents	
Name: _____	Phone _____

While your child is at our facility, we need to be able to contact you in case of an emergency or situation. Please provide the following contact information above for someone who is available if needed during the time your child is in our care or anyone who is authorized pick up your child in your absence. We appreciate your assistance in this matter. Thank you.