

HARLEM4KIDS

EMERGENCY CONTACT

#1	Parent's Name:
	Address:
	Telephone/Cell:
	E-mail:

#2	Parent's Name:
	Address:
	Telephone/Cell:
	E-mail:

#1	Child's Name:
	Date of Birth:

#2	Child's Name:
	Date of Birth:

IN CASE OF AN EMERGENCY, I AUTHORIZE HARLEM4KIDS TO CONTACT THE FOLLOWING:

Name:
Relationship:
Telephone/Cell:

In case of an extreme emergency, do you authorize Harlem4Kids to take you and/or your child to a hospital? Yes____ No____
Name of child's doctor:
Doctor's telephone number:

Signature of Parent(s)

Today's Date