

Emergency Contact Information



9924 Menaul Blvd NE
Albuquerque, NM 87112
(505)296-8656

Child's Full Name _____ Birth Date _____
Address where the child resides _____ City _____ State _____ Zip Code _____

With whom does the child reside? Mother Father Both Other _____

	Name	Employer	Cell phone number	Work phone number	Email
Mother					
Father					
Guardian (if applicable)					

In case of an Emergency please list four contacts to whom *ABQ Children's Academy* has permission to release your child. Persons other than immediate legal guardian must provide photo ID to pick up your child.

	Name	Cell Number	Second Best Number
Contact 1			
Contact 2			
Contact 3			
Contact 4			

If your child become ill and needs emergency medical help, does *ABQ Children's Academy* staff have permission to call emergency services to treat your child, understanding that financial responsibility will be placed to the legal guardian of the Child needing the emergency services? Yes No
Hospital Preference: _____

Allergies or Special needs (please write "None" if it does not apply to your child)	Description

Child's Physician's Name	Physician's address	Physician's phone number
Child's Dentist's Name	Dentist's address	Dentist's phone number

Signature: _____ Date: _____