

The Oaks Early Learning Academy  
Child Emergency Information Card

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Information

Name \_\_\_\_\_

Home# \_\_\_\_\_

Work # \_\_\_\_\_

Cell# \_\_\_\_\_

Allergies: \_\_\_\_\_

Father's Information

Name: \_\_\_\_\_

Home# \_\_\_\_\_

Work # \_\_\_\_\_

Cell# \_\_\_\_\_

Authorized Persons to Pick Up Child

Name: \_\_\_\_\_ Wk #: \_\_\_\_\_ Hm #: \_\_\_\_\_

Name: \_\_\_\_\_ Wk #: \_\_\_\_\_ Hm #: \_\_\_\_\_

Name: \_\_\_\_\_ Wk #: \_\_\_\_\_ Hm #: \_\_\_\_\_