

## Sprouts About Emergency Contact Authorization

To be completed by parent/guardian at enrollment:

Name of Child:	Name of Child:	Name of Child:
Name of Child:	Name of Mother/Guardian:	Name of Father/Guardian:
Street Address:		
City:	State:	Zip:
Phone:		

List 3 people to be contacted in an emergency in case neither of you can be reached (*cannot be parents/guardians*):

<b>Name:</b>	Relationship to Child:		
Phone (1):	Phone(2):		
Address:	City:	State:	Zip:
<b>Name:</b>	Relationship to Child:		
Phone (1):	Phone (2):		
Address:	City:	State:	Zip:
<b>Name:</b>	Relationship to Child:		
Phone (1):	Phone (2):		
Address:	City:	State:	Zip:

Physician/Dentist where child is a patient:

Name of Physician or Clinic:	Phone:		
Address:	City:	State:	Zip:
Name of Dentist or Clinic:	Phone:		
Address:	City:	State:	Zip: