

**SMALL SAVERS
EMERGENCY INFORMATION**

CHILD'S NAME _____ HOME PHONE _____

ADDRESS _____

CITY, STATE, ZIP _____

SPONSOR'S WORK PHONE _____ CO-SPONSOR'S WORK PHONE _____

**PLEASE CALL THE FOLLOWING PEOPLE IN AN EMERGENCY WHEN
PARENT(S)/GUARDIAN(S) CANNOT BE REACHED:**

1. NAME _____ WORK PHONE _____

ADDRESS _____ HOME PHONE _____

2. NAME _____ WORK PHONE _____

ADDRESS _____ HOME PHONE _____

3. NAME _____ WORK PHONE _____

ADDRESS _____ HOME PHONE _____

4. NAME _____ WORK PHONE _____

ADDRESS _____ HOME PHONE _____

PHYSICIAN OR PEDIATRICIAN _____

HEALTH PLAN/NUMBER _____ OFFICE PHONE _____

DATE _____ PARENT/GUARDIAN SIGNATURE _____