

**Educator’s Name:……........................................**

**Emergency Contact:..........................................**

**Emergency Phone:.............................................**

**Medical Information:........................................**

Insert Photo Here

**Educator**

**Emergency Contact File**

**IN THE EVENT OF AN EMERGENCY PLEASE CONTACT WE BELONG FAMILY DAY CARE**

 **3208 0463**

**Phone : ……………………………….**

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**Child’s Name:.....................................................**

**Emergency Contact:.........................................**

**Emergency Phone:............................................**

**Medical Information:.......................................**

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**Child’s Name:.....................................................**

**Emergency Contact:.........................................**

**Emergency Phone:............................................**

**Medical Information:.......................................**

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**Child’s Name:.....................................................**

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