

CHILD EMERGENCY CARD Class _____ Rm # _____

CHILD'S NAME _____ BIRTHDATE _____
HOME ADDRESS _____
CITY _____ ZIP _____ PHONE _____
MOTHER'S NAME _____ CELL PHONE _____
WORKPLACE _____ HOURS _____
WORK PHONE _____
FATHER'S NAME _____ CELLPHONE _____
WORKPLACE _____ HOURS _____
WORK PHONE _____
REGULAR SCHEDULED ACTIVITY _____ DAY _____ PHONE _____
CHILD'S DOCTOR _____ PHONE _____
OFFICE ADDRESS _____
CHILD'S DENTIST _____ PHONE _____
HOSPITAL PREFERENCE _____
KNOWN ALLERGIES OR SPECIAL MEDICAL NEEDS _____

(OVER)

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IF NEITHER PARENT NOR GUARDIAN CAN BE CONTACTED, CALL:

NAME _____ RELATIONSHIP _____
PHONE # _____ MOBILE _____
NAME _____ RELATIONSHIP _____
PHONE # _____ MOBILE _____
NAME _____ RELATIONSHIP _____
PHONE# _____ MOBILE _____

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK-UP CHILD:

NAME _____ RELATIONSHIP _____
PHONE# _____ MOBILE _____
NAME _____ RELATIONSHIP _____
PHONE# _____ MOBILE _____
NAME _____ RELATIONSHIP _____
PHONE# _____ MOBILE _____

I AGREE THAT THE CENTER MAY AUTHORIZE THE PHYSICIAN OF ITS CHOICE TO PROVIDE EMERGENCY CARE IN THE EVENT THAT NEITHER I NOR THE CHILD'S PHYSICIAN CAN BE IMMEDIATELY BE CONTACTED.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

IF NEITHER PARENT NOR GUARDIAN CAN BE CONTACTED, CALL:

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PHONE # _____ MOBILE _____
NAME _____ RELATIONSHIP _____
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