



## CHILD EMERGENCY INFORMATION CARD

Child's Name \_\_\_\_\_  
Last First Birth Date

**Father** \_\_\_\_\_ Home Ph \_\_\_\_\_

Home Address \_\_\_\_\_ Work Ph \_\_\_\_\_

**Mother** \_\_\_\_\_ Home Ph \_\_\_\_\_

Home Address \_\_\_\_\_ Work Ph \_\_\_\_\_

**Emergency:** When a parent or guardian can't be reached, the following may be called in an emergency and have permission to remove my child from the center if necessary.

Name: \_\_\_\_\_ Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_

Name: \_\_\_\_\_ Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_

Additional person(s) authorized to call for my child: \_\_\_\_\_

Known Allergies for my Child: \_\_\_\_\_

**Child's Health Care Provider:** Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**"I give my consent for emergency medical care or treatment, to be used only if I cannot be reached immediately"**

Parent Signature: \_\_\_\_\_