

EMERGENCY INFORMATION CARD

Name of Child:	Date of birth:	Sex
Child's Address:	Zip Code	Home Phone
Mother's Name: Home Address:	Mother's Work Name and Phone:	
Father's Name: Home Address:	Father's Work Name and Phone::	
Mother's Home Phone:	Father's Home Phone:	
Mother's Cell Phone:	Father's Cell Phone:	
This record was updated:		

IN EMERGENCY (and parents cannot be reached) NOTIFY:

Name:	Relation to child:	Home Phone:
Address:		Cell Phone:
Name:	Relation to child:	Home Phone:
Address:		Cell Phone:
PLEASE FILL OUT BOTH SIDES OF FORM~~		

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In case of injury or sudden illness, I hereby give authority to any hospital or doctor to render immediate emergency aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

Parent's signature:	Date:
Witness:	Date:

Child may be picked up by:

Name:	Phone:
Name:	Phone:
Name:	Phone:
Name:	Phone:

Child may NOT be picked up by:

Name:	Phone:
Name:	Phone:
Name:	Phone:

IF MEDICAL CARE IS NECESSARY, CALL:

Hospital of choice:	Phone:
Doctor's Name:	
Address:	
Dentist of choice:	Phone:
Address:	