

**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:	
<b>This record was updated:</b>		

**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:
<b>PLEASE FILL OUT BOTH SIDES OF FORM~~</b>		

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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:	