



**EMERGENCY CARD**

Child's Name \_\_\_\_\_  
Birth date \_\_\_\_\_

Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Mothers Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Employer and Hours \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Fathers Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Employer and Hours \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Which parent should be contacted first in case of emergency, illness, or injury? \_\_\_\_\_

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**Emergency Contacts: List two people that may be contacted in the case of emergency, illness, or injury, if the parents cannot be reached.**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

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**Other than parents and contacts, do you authorize anyone else to remove your child from our care? YES or NO  
If yes, please list their names:**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

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**Please provide the following information:**

Physician's Name \_\_\_\_\_  
Clinic \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_  
Clinic \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**Does your child have any known medical conditions? YES or NO If yes, please specify:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you authorize the center to initiate emergency care if deemed necessary? YES or NO**

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

**Date:** \_\_\_\_\_