

CHILD EMERGENCY CARD

Name _____ Cell: _____
Last First Middle
Address _____ Phone _____
No. and street City Zip
Birthdate _____ Male Female
Month Day Year

LIVES WITH: Mother Father Guardian Other (specify) _____

To Parent/Guardian: In case of accident or illness at school, we need the following:

Father _____ Phone _____
Name Occupation/Address

Mother _____ Phone _____
Name Occupation/Address

NAME AND PHONE NUMBERS OF TWO ADULTS WE MAY CALL IF YOU ARE NOT AVAILABLE
Relationship _____
Relationship _____

HEALTH CONCERNS: Specify and explain fully. (include chronic conditions, limitations, medications, special needs, etc.): _____

Wears glasses contacts

Doctor: _____
Name Telephone Hospital

I do hereby authorize officials of the Children's Center to contact directly the persons named on this card, and do authorize the named physician or his associates to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that parents or guardians, other persons named on this card cannot be reached, the Children's Center officials are hereby authorized to take whatever action is deemed necessary in the judgment for the health of aforesaid child.

I HAVE READ THIS CARD AND AGREE TO THE STATEMENT AS IT IS WRITTEN:

Date _____ Signature of parent/guardian _____

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