EMERGENCY CARD INFORMATION

Child's Name:_____ Date of Birth:_____
Child's Home Address:_____
Phone: _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN:

1. Name:_____ Address:_____
Home phone #:_____ Work phone #:_____
Cell phone #:_____

2. Name:_____ Address:_____
Home phone #:_____ Work phone #:_____
Cell phone #:_____

EMERGENCY CONTACT PERSONS :

1. Name:_____ Address:_____
Home phone #:_____ Work phone #:_____
Cell phone #:_____

2. Name:_____ Address:_____
Home phone #:_____ Work phone #:_____
Cell phone #:_____

MEDICAL EMERGENCY TREATMENT

I hereby give _____ permission to administer basic first aid
(Name of program)
and/or CPR to my child _____ and/or take my child
(Name)
_____, to a hospital for medical treatment when I cannot be reached or
(Name)
when delay would be dangerous to my child's health.

_____ _____
(Parent/Guardian Signature) (Date)

PEDIATRICIAN OR SOURCE OF HEALTH CARE:

_____
(Doctor's Name, Address, Phone#)

INSURANCE INFORMATION:

Company Name:_____ Policy #_____
Child's Allergies: _____
Chronic Health Conditions:_____