EMERGENCY CARD

CHILD'S NAME:		BIRTH DATE:
ADDRESS:		
PARENT INFORMATION:	**TELEPHONE NUMBERS:** (circle first # to call)	
MOTHER:	WORK:	BEEPER/CELL PHONE:
Soc. Sec #:	HOME:	
FATHER:	WORK:	BEEPER/CELL PHONE:
Soc. Sec. #:	HOME:	

EMERGENCY CONTACTS: (who have permission to remove child from the center)	
1.	PHONE:
2.	PHONE:

EMERGENCY CONTACTS:	PHONE:	
PHYSICIAN:	PHONE:	
DENTIST:	INS. GROUP #:	INS. ID #:
INSURANCE PROVIDER:	MEDICATIONS:	
LAST DPT:		
ALLERGIES:		

PLEASE TURN OVER

OTHER SIGNIFICANT MEDICAL INFORMATION: _____

_____

_____

I give permission to the person in charge at 'My' Nursery School to take whatever emergency measures (e.g., first aid, disaster evacuation) are judged necessary for the care and protection of my child while under the supervision of the school.

In case of a medical emergency, I understand that my child will be transported to the appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deems it necessary. The child will be transported at the expense of the parents' insurance.

Every effort will be made to contact the parent immediately. However, it is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the child's behalf.

DATE: _____ SIGNATURE : _____

(PARENT/GUARDIAN)