

**EMERGENCY CARD**

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Where parents can be reached if not at home:

Mom's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list two friends or relatives who can assume temporary care of your child if you cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

*(Over)*

In case of an accident or serious illness, I request the day care center to contact me. If the day care center is unable to reach me, I hereby authorize the day care center to transport my child for emergency care and medical treatment, if necessary.

\_\_\_\_\_  
Signature of Parent or Guardian

Is child allergic to any medication?       Yes       No

If yes, identify: \_\_\_\_\_

\_\_\_\_\_

Child's pediatrician:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_