



## EMERGENCY CARD

<b>Child's Name:</b>	
<b>Birth Date:</b>	<b>Home Phone:</b>
<b>Address:</b>	

Where parents can be reached if not at home	
<b>Mom's Name:</b>	<b>Phone:</b>
<b>Dad's Name:</b>	<b>Phone:</b>

List two friends or relatives who can assume temporary care of your child if you cannot be reached	
<b>Name:</b>	<b>Phone:</b>
<b>Relationship to child:</b>	
<b>Name:</b>	<b>Phone:</b>
<b>Relationship to child:</b>	

Is child allergic to any medication? (circle Yes or No)	
<b>Yes</b>	<b>No</b>
<b>If yes, identify:</b>	

Child's Pediatrician Information	
<b>Name:</b>	<b>Phone:</b>
<b>Address:</b>	

<p><b>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 <u>and</u> medical treatment, if necessary.</b></p>	
<b>Parent Signature:</b>	<b>Date:</b>