

EMERGENCY CARD

Child's Name _____ Home Phone _____ Birthdate _____

Address _____ City _____ Zip _____

Mother's Name _____ Home Phone _____ Work/Cell Phone _____

Address _____ City _____ Zip _____

Employer _____ Company Phone Number _____

Father's Name _____ Home Phone _____ Work/Cell Phone _____

Address _____ City _____ Zip _____

Employer _____ Company Phone Number _____

Emergency Contacts: Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

Medical Clinic _____ Phone # _____

Physician's Name _____ Phone # _____

Medical Insurance Co. _____ Group # _____ Contract # _____

Dental Clinic _____ Phone # _____

Dentist's Name _____ Phone # _____

Dental Insurance Co. _____ Group # _____ Contract # _____

Allergies

Other medical information or concerns

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I give permission to _____, to take whatever emergency measures as judged necessary for the care and protection of my child, _____, while under her/his care.

In case of a medical emergency, I give permission for my child, _____, to be transported by ambulance if the emergency resources (paramedics, law enforcement) deem it necessary.

I give permission for Dr. _____ or another licensed physician to give emergency care to my child.

I give permission for Dr. _____ or another licensed dentist to give emergency care to my child.

Parent's Signature

Date