

# EMERGENCY CARD

Child's Full Name:				Birthdate:	
Child's Home Address:					
Child's Home Phone Number:					
Parent / Guardian:		Cell Phone:		Work Phone:	
Parent / Guardian:		Cell Phone:		Work Phone:	
Email:			Email:		
Emergency Contact	Name	Relationship	Phone # during Child Care	Other Phone Number	Authorized to Pick Up (Y/N)
1					
2					
3					
4					
NOT Authorized to visit or pick up:					
MEDICAL					
Does your child have any allergies? <span style="margin-left: 100px;">Yes</span> <span style="margin-left: 100px;">No</span>					
If Yes, what is your child allergic to?					
<p>Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider. <b>If your child has an allergy, we require you to complete the ALLERGY EMERGENCY PLAN , this form is on our website.</b></p>					
Source of Medical Care/Primary Care Physician:				Phone:	
Medical Care Facility/Hospital:				Phone:	
AGREEMENTS					
I give consent for my child to take part in campus trips (i.e. library, nature trail) away from the facility under proper supervision				YES	NO
In case of accident of injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child				YES	NO
I have provided information on my child's special needs (Allergies, Diet, Disabilities, and/or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency.				YES	NO
I agree to review and update this information whenever a change occurs and at least once every six month.				YES	NO
CONSENTS					
I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.					
Unless otherwise indicated, parents will serve as primary emergency contacts and authorized pick-up person(s). Please notify staff in advance if anyone other than parents will be picking up your child.					
Signature of Parent/Guardian:				Date:	
Dates Updated:					
OFFICE USE					
Start Date:			Date of Discharge:		