

Date of Admission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

## Child Emergency Card

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
First Last

Child's Home Address \_\_\_\_\_  
Street/Apt # City State Zip

Mother's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_  
First Last

Mother's Home Address \_\_\_\_\_  
(if different from child) Street/Apt # City State Zip

Mother's Employer/School \_\_\_\_\_  
Name Address

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_  
First Last

Father's Home Address \_\_\_\_\_  
(if different from child) Street/Apt # City State Zip

Father's Employer/School \_\_\_\_\_  
Name Address

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

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Child's Physician of Source of Health Care \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Health Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Telephone Number \_\_\_\_\_

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**Person to be Notified in an Emergency Situation (when parent/s cannot be reached)**

Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

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**When parents cannot pick up child, name at least one person whom child may be released**

1. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

4. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

5. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

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**In EMERGENCIES requiring immediate medical attention, your child will be taken to the Nearest Hospital Emergency Room. Your signature authorizes the responsible person at the Child Care Facility to have your child treated and transported to that hospital.**

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**ANNUAL UPDATES** \_\_\_\_\_  
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)