

## Emergency Card

General information:

Child's name:	Date of birth:
Parent's names:	Home phone:
Mother's cell phone number:	Father's cell phone number:
Street address:	City, State, Zip:

Individuals authorized to drop off and pick up child:

Name and full address:	Phone numbers:	Relationship to child:

Medical information:

Doctor's name:	Clinic name and address:	Doctor's phone number:

Dentist's name:	Dental office name and address:	Dentist's phone number:

Significant medical history:
Are your child's immunizations up to date?    Yes                      No
If not, give explanation:

Allergies:

List anyone NOT authorized to have contact with your child:

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Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_