

## EMERGENCY INFORMATION CARD

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

*In the event of an injury requiring medical attention, staff will attempt to contact the parent(s).*

\_\_\_\_\_  
*Mother's Employer*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Work Hours*

\_\_\_\_\_  
*Father's Employer*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Work Hours*

If center staff are unable to reach the parent(s), they will call the following emergency contact people, who have permission to take the child from the center.

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Family Physician \_\_\_\_\_ Dentist \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

*(over)*

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Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Family Physician \_\_\_\_\_ Dentist \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

*(over)*

Specific instructions regarding emergency care if not covered on reverse side:

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List any known allergies \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

I understand that in some emergency situations the center will need to contact the emergency medical service before the parent, child's physician and/or other adult acting on the parent's behalf. In the event of a medical emergency, I understand that my child will be transported to the nearest hospital, UNITY HOSPITAL, if the local emergency unit determines this is necessary for treatment. The child will be transported at the expense of the child's parent(s)/guardian.

I hereby grant permission to the staff at Building Blocks Christian Preschool to take whatever emergency measures are judged necessary for the care and protection of my child \_\_\_\_\_ while under the supervision of this center.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Specific instructions regarding emergency care if not covered on reverse side:

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date