

Emergency Card

<hr/> <p>(Child name, last)</p>	<hr/> <p>(first)</p>	<hr/> <p>(middle initial)</p>	<hr/> <p>(Birthdate)</p>
<hr/> Parent(s)			
<hr/> <p>(Parents Names)</p>		<hr/> <p>(Home Address)</p>	
<hr/> <p>(email address)</p>			<hr/> <p>(Home phone)</p>
<hr/> <p>Employer (Mother)</p>		<hr/> <p>(Address)</p>	<hr/> <p>(Business phone)</p>
<hr/> <p>(Hours at work)</p>			<hr/> <p>(Cell phone)</p>
<hr/> <p>Employer (Father)</p>		<hr/> <p>(Address)</p>	<hr/> <p>(Business phone)</p>
<hr/> <p>(Hours at work)</p>			<hr/> <p>(Cell phone)</p>

Person (other than parent) to be notified in an emergency:

1. _____
(Name) (Address) (phone #)

Person of persons (other than parent) to whom the child can be released:

1. _____
(Name) (Address) (phone #)

2. _____
(Name) (Address) (phone #)

Emergency Medical Care

I, _____, the parent (or legal guardian)

of, _____, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

(Signature of Parent or Guardian) (date)

(Name of Child's Physician) (Address) (Phone #)

(Special medical information – allergies etc.) (Health Insurance information)

The above information is essential for your child's protection – Please be sure to keep the information up to date!