

EMERGENCY CARD

CHILD INFORMATION

Child's Name _____ Date of Birth _____

Street Address _____ State _____ Zip _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 will be the first contact attempted.

1 PARENT/GUARDIAN

Name: _____

Cell/Primary Phone _____

Street Address _____

Work Phone _____

Other (home) _____

Primary E-mail _____

Place of Employment _____

2 PARENT/GUARDIAN

Name: _____

Cell/Primary Phone _____

Street Address _____

Work Phone _____

Other (home) _____

Primary E-mail _____

Place of Employment _____

EMERGENCY ALTERNATIVE & AUTHORIZED PICK UP

1 ALTERNATE

Name _____

Cell/Primary Phone _____

Street Address _____

Work Phone _____

Relationship _____

Is there anyone specific who should NOT pick up your child? Yes No

If yes, whom? _____

2 ALTERNATE

Name _____

Cell/Primary Phone _____

Street Address _____

Work Phone _____

Relationship _____

THE FOLLOWING INFORMATION IS REQUIRED BY THE DEPARTMENT OF HUMAN SERVICES

Physician _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

Preferred Hospital _____

Date of last DTaP _____ Allergies _____

Activity Restrictions _____ Illness/Injuries in Past Year _____

Dentist _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

I give permission to Jack & Jill Early Childhood Learning to take whatever emergency (e.g. first aid, disaster evacuation), measures are judged necessary for the care and protection of my child while under the supervision of the center.

In case of a medical/dental emergency, I understand that my child will be transported to an appropriate medical facility by a local emergency unit for treatment if the local emergency resource (Police, Rescue), deems it necessary. The child will be transported at the expense of my child's insurance provider.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

X _____
Signature of Parent/Guardian _____ Date _____

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.