



Emergency and Identification Information

I. Family Information

Child's name: Birthdate:

Mother/Guardian's name:

Address: Phone:

Father/Guardian's name:

Address: Phone:

Mother/Guardian's Employer: Phone:

Father/Guardian's Employer: Phone:

II. Additional persons authorized to take child from facility

Table with 4 columns: Name, Address, Telephone, Relationship to Child

III. Child's physician

Name: Address: Phone:

IV. In event of emergency, what action should be taken?

Emergency action instructions

V. Medical insurance: Name of insured: Insurance#:

VI: Allergies/Medical Conditions:

VII. Permission for medical treatment

Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent.

In case of an accident or an emergency, I authorize to take my child to the above-named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

Signature: Parent or Guardian

Date: