



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

Name	Address	Telephone	Relationship to Child
_____	_____	_____	_____
_____	_____	_____	_____

III. Child's physician

Name: _____ Address: _____ Phone: _____

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

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. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

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: _____