

EMERGENCY CONTACT AND INFORMATION CARD

Name: _____ DOB: _____
Address: _____ Phone: _____

Name of Parents/Guardian and cell/work numbers:

Mr. _____ Cell: _____ Work: _____
Mrs. _____ Cell: _____ Work: _____

IF WE CAN NOT GET IN TOUCH WITH YOU, PLEASE NAME TWO LOCAL FRIENDS OR RELATIVES WHO MAY BE CALLED UPON TO ASSUME RESPONSIBILITY FOR YOUR CHILD.

Name/Relation: _____ Phone: _____
Name/Relation: _____ Phone: _____

Local physician to be called in case of an emergency:

Name: _____ Phone: _____

Local dentist or other specialized doctor to be called in case of an emergency:

Name: _____ Phone: _____

Please note any health/ behavior/ special needs of your child which we should know about and any instruction on how to handle this matter in order to provide proper care: _____

Allergic to: _____

In the event of any injury/illness would you like you child transported, examined and treated at the nearest emergency room/ clinic? _____

Health Insurance Co: _____ Policy #: _____

Parent/Guardian Signature: _____ Date: _____