

IDENTIFICATION & EMERGENCY INFORMATION CARD

Child's Name _____

Address _____

Phone # _____ Cell Phone _____

Mother or Guardian _____

Place of Employment _____

Phone# _____

Father or Gaurdian _____

Place of Employment _____

Phone# _____

OTHER PERSONS TO BE NOTIFIED IN CASE OF ILLNESS OR EMERGENCY

Name _____

Address _____

Phone # _____ Relationship _____

EMERGENCY MEDICAL INFORMATION

Child's Physician _____

Physician's Address _____

Physician's Phone # _____

Name of Hospital or Clinic _____

Address _____

Phone# _____

I give my consent for necessary emergency medical treatment
when my child is in care at this physician and hospital/clinic

Parent Signature

Date