

EMERGENCY CARD

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Company Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Company Phone Number \_\_\_\_\_

Emergency Contacts: Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Clinic \_\_\_\_\_ Phone # \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Medical Insurance Co. \_\_\_\_\_ Group # \_\_\_\_\_ Contract # \_\_\_\_\_

Dental Clinic \_\_\_\_\_ Phone # \_\_\_\_\_  
Dentist's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Dental Insurance Co. \_\_\_\_\_ Group # \_\_\_\_\_ Contract # \_\_\_\_\_

Allergies \_\_\_\_\_  
Other medical information or concerns \_\_\_\_\_

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I give permission to \_\_\_\_\_, to take whatever emergency measures as judged necessary for the care and protection of my child, \_\_\_\_\_, while under her/his care.

In case of a medical emergency, I give permission for my child, \_\_\_\_\_, to be transported by ambulance if the emergency resources (paramedics, law enforcement) deem it necessary.

I give permission for Dr. \_\_\_\_\_ or another licensed physician to give emergency care to my child.

I give permission for Dr. \_\_\_\_\_ nor another licensed dentist to give emergency care to my child.

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*