

EMERGENCY CARD INFORMATION

Child's Name: _____
Date of Birth: _____

Child's Home Address: _____
_____ Phone: _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN

1. _____
(Name, Address, Phone #)
2. _____
(Name, Address, Phone #)

PEDIATRICIAN OR SOURCE OF HEALTH CARE

1. _____
(Doctor's Name, Address, Phone#)

EMERGENCY CONTACT PERSON(S)

1. _____
(Name, Address, Phone #)
2. _____
(Name, Address, Phone #)

MEDICAL EMERGENCY TREATMENT

I hereby give _____
(Name of program)
permission to administer basic first aid and/or CPR to my child _____
(Name)
and/or take my child _____, to a hospital for medical
(Name)
treatment when I cannot be reached or when delay would be dangerous to my child's health.

(Parent Signature) (Date)

INSURANCE INFORMATION (OPTIONAL)

Company Name: _____ Policy # _____
Participating Hospital: _____
Special Instructions: _____