

# ST. ALBAN'S EARLY CHILDHOOD CENTER -- EMERGENCY CARD

## INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated.
- (2) If your child has a medical condition including allergies, complete the backside back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED QUARTERLY.

When parents cannot be reached, list at least two people who may be contacted to pick up the child in an emergency.

1. Name \_\_\_\_\_ Telephone Numbers (H) \_\_\_\_\_  
(W) \_\_\_\_\_ (Cell) \_\_\_\_\_ Beeper \_\_\_\_\_
2. Name \_\_\_\_\_ Telephone Numbers (H) \_\_\_\_\_  
(W) \_\_\_\_\_ (Cell) \_\_\_\_\_ Beeper \_\_\_\_\_
3. Name \_\_\_\_\_ Telephone Numbers (H) \_\_\_\_\_  
(W) \_\_\_\_\_ (Cell) \_\_\_\_\_ Beeper \_\_\_\_\_

Child's Physician or Source of Health Care \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street/Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

In **EMERGENCIES** requiring immediate medical attention, your child will be taken to the **NEAREST HOSPITAL EMERGENCY ROOM**. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_  
Street/Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Employer/School \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_

Work Telephone \_\_\_\_\_ Cellular Phone \_\_\_\_\_ Beeper \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Employer/School \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_

Work Telephone \_\_\_\_\_ Cellular Phone \_\_\_\_\_ Beeper \_\_\_\_\_

### Name of Person(s) Authorized to Pick Up Child (daily)

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Telephone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Telephone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

ANNUAL UPDATES \_\_\_\_\_  
(INITIALS/DATE) (INITIALS/DATE) (INITIALS/DATE) (INITIALS/DATE)