

EMERGENCY CARE CARD

Child's Name _____ Date of Birth _____

Parent's Name _____ Home Phone _____

Address _____
Street City Zip Code

Parent's Name _____ Home Phone _____

Address _____
Street City Zip Code

Location of parent(s) while child is at High Point Christian Preschool-Mt. Horeb

Parent's location _____ Phone _____ Cell _____

Parent's location _____ Phone _____ Cell _____

Emergency Contact Person(s)

The following person(s) are authorized to pick up and assume responsibility for my child if I cannot be reached.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Physician's Name _____ Phone Number _____

Medical Facility _____ Phone Number _____

Address _____
Street City Zip Code

Hospital _____ Phone Number _____

Address _____
Street City Zip Code

Dentist's Name _____ Phone Number _____

Address _____
Street City Zip Code

Insurance _____ Phone Number _____

HEALTH INFORMATION (allergies, asthma, diabetes, etc.) Describe them and indicate special precautions or care needed.

I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

Parent's Name (printed) _____

Parent's Signature _____ Date Signed _____