

EMERGENCY DATA CARD

CHILD'S NAME DATE OF BIRTH

PARENT INFORMATION

MOTHER'S NAME WORK NUMBER

ADDRESS HOME NUMBER

FATHER'S NAME WORK NUMBER

ADDRESS HOME NUMBER

EMERGENCY CONTACT

NAME PHONE

ADDRESS

NAME PHONE

PHYSICIAN OFFICE PHONE NUMBER

ADDRESS

DENTIST OFFICE PHONE NUMBER

ADDRESS

ALLERGIES OTHER MEDICAL INFORMATION

I GIVE PERMISSION TO

TO MAKE WHATEVER EMERGENCY (FIRST AID, DISASTER, VACUATION) MEASURES ARE JUDGED NECESSARY FOR THE CARE AND PROTECTION OF MY CHILD WHILE UNDER THE SUPERVISION OF THE CENTER.

IN CASE OF A MEDICAL EMERGENCY,I UNDERSTAND THAT MY CHILD WILL BE TRANSPORTED TO AN APPROPRIATE MEDICAL FACILITY BY THE LOCAL EMERGENCY UNIT FOR TREATMENT IF THE LOCAL EMERGENCY RECOURCE (POLICE, RESCUE SQUAD), DEEMS IT NECESSARY.

I give permission to Little Bee's Childcare staff and other authorized individuals:

to have access to my child's health information

IT IS UNDERSTOOD THAT IN SOME MEDICAL SITUATIONS, THE STAFF WILL NEED TO CONTACT THE LOCAL EMERGENCY RESOURCE BEFORE THE PARENT, CHILD'S PHYSICIAN, AND/OR OTHER ADULT ACTING ON THE PARENT'S BEHALF.

MEDICAL INSURANCE COMPANY POLICY NUMBER

MEDICAL CARD/MEDICAL ASSISTANCE NUMBER

SIGNATURE OF PARENT OR GUARDIAN

DATE SIGNED