

EMERGENCY CARD- Kept separate from other info

Child's Name: _____ Birth Date: _____

Home address: _____

Street _____ City _____ State _____ zip _____

Parent/Guardian #1: _____

Name address day phone (hm, cell, wk) other phone (hm, cell, wk)

Parent/Guardian #2: _____

Name address day phone (hm, cell, wk) other phone (hm, cell, wk)

Emergency Contacts (To whom child may be released if parent/guardian is unavailable)

Name #1 _____ Relationship _____

Address _____ Daytime phone (hm, cell, wk) _____ other phone (hm, cell, wk) _____

Name #2 _____ Relationship _____

Address _____ Daytime phone (hm, cell, wk) _____ other phone (hm, cell, wk) _____

Primary Care Physician (PCP) name		Practice/ Clinic Name
PCP address		phone
Preferred hospital/clinic for emergency care		
Dentist name	Practice/Clinic Name	
Address	Phone	
Health Insurance Provider and Policy Number	Secondary Health Insurance Provider and policy number	

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Child's Health Insurance: _____

Subscribers Name (on insurance card): _____ ID #: _____

Specific instruction of special conditions, disabilities: _____

Allergies: _____ Epi Pen ____ yes ____ no

In case of an emergency, please list the order of people and the phone numbers to call.

1. _____ 2. _____
 3. _____ 4. _____

As a parent/legal guardian, I give consent to St. Pascal Childhood Learning Center to administer my child emergency first aid by the program staff. I understand that if necessary, 911 will be called and, my child may be transported to receive emergency care. I understand that I am responsible for all emergency transportation and any charges not covered by insurance. I give consent for the emergency contact persons listed above to act on my behalf until I am available. I agree to update this information whenever a change occurs.

Parent/Guardian's signature #1: _____ Date: _____

Parent/Guardian's signature #2: _____ Date: _____