

**EMERGENCY MEDICAL INFORMATION CARD**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Address (if different): \_\_\_\_\_  
Father's Occupation: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Address (if different): \_\_\_\_\_  
Mother's Occupation: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Child's Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Name(s) of Insured: \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Allergies or Other Significant Medical Information: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION**

The following two (*at minimum*) people are authorized to pick up my child and assume medical responsibility if I cannot be reached. If an alternate pick-up is necessary on a non-emergency basis, I will inform my child's teacher and/or the Director, in writing, each time a special pick-up is needed.

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_