

<u>Emergency Card</u>	
Child's name: _____	Birthday: _____
Mother/Legal Guardian: _____	Father/Legal Guardian: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Address: _____	Address: _____
City/Zip: _____	City/Zip: _____
First Emergency Contact:	Allergies/Negative Resopnses to medication/Important health Issues
Contact Name: _____	
Home Phone: _____	On the back of this card list the names and phone numbers of all others authorized people who have your permission to pick up your child.
Work Phone: _____	
Cell Phone: _____	
Address: _____	
City/Zip: _____	

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