

Emergency Card Information

Child's name: _____

Date of birth: _____

Child's home address: _____

Telephone number: _____

Instructions to Reach Parent or Guardian

1. _____
(Name, address, home and cell phone number)

2. _____
(Name, address, home and cell phone number)

Contact Information for Pediatrician or Source of Health Care

(Doctor's name, address and phone number)

Emergency contact person(s)

1. _____
(Name, address, home and cell phone number)

2. _____
(Name, address, home and cell phone number)

Emergency Medical Treatment

I hereby give _____ permission to
_____ Provider's name
administer basic first aid/or CPR to my child _____
_____ Child's name
and or take my child _____ to a hospital for
medical, treatment when I cannot be reached or when delay would be
dangerous to my child's health.

Parent/guardian signature _____ date

Insurance Information (Optional)

Subscriber's name: _____

Type of insurance: _____

Policy number: _____

Other pertinent medical information: _____