

# St. John's Early Learning Center

where children develop a love for learning

## CHILD EMERGENCY CARD

NAME: \_\_\_\_\_ CELL #: \_\_\_\_\_  
*Last First Middle*

ADDRESS: \_\_\_\_\_  
*Street Town State Zip Code*

BIRTHDAY: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_  
*Month Day Year*

LIVES WITH: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Other: (specify) \_\_\_\_\_

*To Parent / Guardian: In case of accident or illness at school, we need the following contact information:*

FATHER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
*Name Occupation / Address*

MOTHER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
*Name Occupation / Address*

NAME AND PHONE NUMBERS OF ONE OR TWO ADULTS WE MAY CALL IF YOU ARE NOT AVAILABLE

\_\_\_\_\_  
Relationship \_\_\_\_\_  
\_\_\_\_\_  
Relationship \_\_\_\_\_

HEALTH CONCERNS: Specify and explain fully (include chronic conditions, limitations, medications, special needs, etc)

Wears Glasses: \_\_\_\_\_ Wears Contacts: \_\_\_\_\_

DOCTOR: \_\_\_\_\_  
*Name Telephone Hospital*

I do hereby authorize officials of the Children's Center to contact directly the persons named on this card, and do authorize the named physician or his / her associates to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event that parents or guardians or other persons named on this card cannot be reached, the Children's Center officials are hereby authorized to take whatever actions are deemed necessary in their judgment for the health of the aforesaid child.

I HAVE READ THIS CARD AND AGREE TO THE STATEMENT AS IT IS WRITTEN:

DATE: \_\_\_\_\_ SIGNATURE OF PARENT / GUARDIAN: \_\_\_\_\_