

EMERGENCY CARD INFORMATION

Child's Name _____

Date of Birth _____

Child's Home Address: _____
Phone: _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN

1. _____
(Name, Address, Phone)

2. _____
(Name, Address, Phone)

PEDIATRICIAN OR SOURCE OF HEALTH CARE

1. _____
(Doctor's Name, Address, Phone)

EMERGENCY CONTACT PERSON(S)

1. _____
(Name, Address, Phone)

2. _____
(Name, Address, Phone)

MEDICAL EMERGENCY TREATMENT

I hereby give _____ permission

(Name of School)

to administer basic first aid and/or CPR to my child _____

(Child's Name)

and/or take my child _____, to a hospital for medical

(Child's Name)

Treatment when I cannot be reached or when delay would be dangerous to my child's health.

(Parent Signature)

(Date)

INSURANCE INFORMATION (OPTIONAL)

Company Name _____

Participating Hospital _____ Policy # _____

Special Instructions _____

