

FIRST CHURCH EARLY LEARNING CENTER EMERGENCY INFORMATION CARD

CLASS _____

PLEASE PRINT

Student's Name _____

Last

First

Middle

Date of Birth _____ Home Tel. #: _____

Address _____

Where can parents/guardians be reached if not at home? _____

Parent/Guardian's Name _____

Cell phone # : _____ Work phone # : _____

Parent/Guardian's Name _____

Cell phone # : _____ Work phone # : _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

1. Name _____ Relationship _____

Address _____ Telephone _____

2. Name _____ Relationship _____

Address _____ Telephone _____

(Complete Other Side.)

Has your child had any new contagious diseases, serious accidents, or operations in the past year? Yes No If yes, explain _____

Is your child allergic to food, bee stings, insects, or medication? Yes No If yes, list _____

Child has ASTHMA? Yes No ; SEIZURES? Yes No ; DIABETES? Yes No

If your child is on medication, please list: _____

I understand that, in the case of serious illness or accident and in the event that school personnel are unable to reach parents, or persons designated by me, the physician or dentist of my choice will be contacted. If none of these can be reached, I hereby authorize school personnel to seek whatever medical or dental attention is deemed necessary, wherever it is available. I also authorize the attending physician or dentist to render necessary treatment.

Signature of parent or guardian _____ Date _____

Name of physician _____ Telephone _____

Name of dentist _____ Telephone _____

Hospital _____