

# 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, immunizations or operations in the past year? Yes  No

If yes, explain

\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_