



EMERGENCY CARE INFORMATION 2010-2011



EMERGENCY CARD

Child's Name: _____ Home Phone#: _____

Mom's Name: _____ Work #: _____ Cell #: _____

Dad's Name: _____ Work #: _____ Cell #: _____

If parent cannot be reached, please call:

Name: _____ Work #: _____ Cell #: _____

Name: _____ Work #: _____ Cell #: _____

Child's Doctor: _____ Office #: _____

Office Address: _____

Child's Dentist: _____ Office #: _____

Office Address: _____

Hospital Preference: _____

Allergies:

Medications:

Special Needs:

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I, nor the family physician can be contacted immediately.

Date

Signature of Parent

