

# Summer Camp Preschool

## EMERGENCY CARD 2010

Child's Name: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

If parent cannot be reached, please call:

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ 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.

\_\_\_\_\_