

Emergency Card Information

Reminder: This emergency card is for the educator's first aid kit. The educator(s) must take first aid materials when leaving the child care premises.

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____

_____ Phone #: _____

Instructions to Reach Parent or Guardian

1. _____
(Name, Address, Home and Cell Phone#)

2. _____
(Name, Address, Home and Cell Phone#)

Contact Information for Physician or Health Care Professional

1. _____
(Name, Address, Home and Cell Phone#)

Emergency Contact Person(s)

1. _____
(Name, Address, Home and Cell Phone#)

2. _____
(Name, Address, Home and Cell Phone#)

Emergency Medical Treatment

I hereby give _____ permission
(Name of educator/assistant)

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

and/or take my child _____, to a hospital for medical treatment
(Name)

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

Parent/Guardian

Date

Medical Insurance Information (Optional)

Subscriber's Name: _____

Type of Insurance: _____

Policy Number: _____

[] Copy of insurance Card

Other pertinent medical information: _____
