

## EMERGENCY INFORMATION CARD

CHILD'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

MOTHER \_\_\_\_\_ HOME/CELL PHONE \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
FATHER \_\_\_\_\_ HOME/CELL PHONE \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

I give my permission for my child to be transported by ambulance or car to an emergency center for treatment.

PERSONS AUTHORIZED TO PICK UP MY CHILD IN CASE OF EMERGENCY:

NAME \_\_\_\_\_ HOME/CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

NAME \_\_\_\_\_ HOME/CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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I hereby give my permission that my child \_\_\_\_\_, may be given emergency treatment to include first aid and CPR by a qualified staff member of TENDER YEARS ACADEMY CENTER. I further authorize all medical, surgical, diagnostic, and hospital procedures may be performed or prescribed by a licensed physician when deemed immediately necessary to safeguard my child's health in the event I cannot be reached. I waive my right to informed consent to such treatment.

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

### \*\*\*\*\*INFORMATION ON CHILD\*\*\*\*\*

BIRTHDATE \_\_\_\_\_ CHRONIC ILLNESSES \_\_\_\_\_

REGULAR MEDICATION \_\_\_\_\_

ALLERGIES TO DRUGS/REACTIONS \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_