

EMERGENCY CARD

CHILD'S FULL NAME _____ BIRTHDATE _____

CHILD'S ADDRESS _____

CONTACT PARENTS: _____ Telephone Numbers:

_____ (home) _____

_____ (work) _____

_____ (home) _____

_____ (work) _____

Emergency Contacts & may take my child from the Center: MUST BE TWO LISTED

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Medical Care: (Name/Address/Phone)

Physician _____

Dentist _____

Significant Medical Information/Allergies _____

Current Medication(s) & Dosage _____

I give permission to: Teddy Bear Care on 65, Inc. to make whatever emergency (i.e., first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the Center/Day Care.

In case of medical emergency, I understand that my child will be transported to an appropriate medical

facility by the local emergency unit for treatment, at parents expense, if the local emergency resource (Police, Rescue Squad), and/or the Center deems it necessary. The child will be transported at the expense of the Parents.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

I hereby authorize Teddy Bear Care on 65, Inc. to act on my behalf in case of an emergency.

DATE _____ SIGNATURE _____