

# EMERGENCY CARD

Date	# of Children

## Child Name

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## Guardian

Name:		Relationship:		Occupation	
Address:	Home	Phone:	Home:	Email:	Home:
	Work		Work:		Work:
Notes:					

Name:		Relationship:		Occupation	
Address:	Home	Phone:	Home:	Email:	Home:
	Work		Work:		Work:
Notes:					

## Emergency Contact

Name:		Relationship:		Authorized Pickup:	
Address:	Home	Phone:	Home:	Email:	Home:
	Work		Work:		Work:
Notes:					

## Authorized Pickups

Name:		Phone Number:	
Name:		Phone Number:	

Name:		Phone Number:	
<b>Emergency Call Order</b>			
Name:		Phone Number:	
Name:		Phone Number:	
Name:		Phone Number:	

<b>Medical Information</b>					
Doctor's Name		Occupation:		Hospital/Clinic	
Address:	Home	Phone:	Home:	Email:	Home:
	Work		Work:		Work:

Allergies:		Notes:	
Epipen Expires:			

Medical Conditions:		Notes:	
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Special Requirements:		Details:		Notes:	
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Health Card:		
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**Parent/Guardian Signature**

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**Date**