

EMERGENCY Information and Immunization Record Card

Child's Name: _____ Date of Enrollment: _____ Updated: _____

Student Address: _____ Date of Disenrollment: _____

City, State & Zip Code: _____ Date of Birth: _____ Sex: Male Female

Phone: (_____) _____ Grade: _____

Mother or Guardian:

Name: _____

Home Address: _____

Hm. Ph: _____

Cell Ph: _____

Business Name: _____

Business Address: _____

Wk. Ph: _____

Signature: _____

Father or Guardian:

Name: _____

Home Address: _____

Hm. Ph: _____

Cell Ph: _____

Business Name: _____

Business Address: _____

Wk. Ph: _____

Signature: _____

If medical care is necessary, call:

DOCTOR: _____
Name Address Phone

HOSPITAL: _____
Name Address Phone

In case of injury or sudden illness, _____ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person (s) to pick up my child (provide minimum of two).

Name: _____

Name: _____

Address: _____

Address: _____

Ph: _____ Cell Ph: _____

Ph: _____ Cell Ph: _____

Name: _____

Name: _____

Address: _____

Address: _____

Ph: _____ Cell Ph: _____

Ph: _____ Cell Ph: _____

Custody papers have been provided and are on file at the facility. Yes No

The following person (s) may not remove my child from the facility:

Name: _____ Name: _____

Parent/Guardian Printed Name: _____

Signature: _____ Date: _____

