CASE/CONCORD CHILD DEVELOPMENT CENTER FMERGENCY CARD

	EMERGENCY CARD	
CHILD'S NAME	DOE	B GENDER
PARENT'S NAME		
HOME ADDRESS		
MAILING ADDRESS		
HOME PHONE	CELL.	
MOTHER'S EMPLOYER		PHONEPHONE
FATHER'S EMPLOYER		PHONE
DEDGONG OWNED WILLIAM DADENWG V	WHO MAN BE CALLED BY CASE OF ANY	EMED CENCY
	WHO MAY BE CALLED IN CASE OF AN I	
NAME	KELATION	PHONEPHONE
NAME	RELATION	PHONE
PERSONS OTHER THAN PARENTS A	AUTHORIZED TO PICK UP YOUR CHILD	FROM THE CENTER (ID REQUIRED)
RELATION	PHO	ONE
NAME/ADDRESS	1110	ONE
RELATION	PHO	ONE
NAME/ADDRESS	1110	ONE
RELATION	PHO	ONE
RELITION	1110	ONE
IF SCHOOL AGE, WHAT SCHOOL DO	O THEY ATTEND	
PHONE	TEACHER'S NAME	
	CASE/CONCORD CHILD DEVELOPME	NT CENTER
	EMERGENCY CARD	
CHILD'S NAME	DOE	B GENDER
PARENT'S NAME		
HOME ADDRESS		
MAILING ADDRESS		
HOME PHONE	CELL	
MOTHER'S EMPLOYER		PHONE
FATHER'S EMPLOYER		PHONE
	WHO MAY BE CALLED IN CASE OF AN I	
NAME	RELATION	PHONEPHONE
NAME	RELATION	PHONE
	AUTHORIZED TO PICK UP YOUR CHILD	FROM THE CENTER. (I.D. REQUIRED)
NAME/ADDRESS		
RELATION		
NAME/ADDRESS	PH0	
DEI ATION	PH0	ONE
RELATION	PH0	
	PH0	ONE
NAME/ADDRESS	PH0	ONE
NAME/ADDRESS	PH0	ONE

PHONE _____ TEACHER'S NAME ____

PHYSICIAN'S NAME	PHONE
ADDRESS	
DENTIST'S NAME	PHONE
ADDRESS	
HOSPITAL PREFERRED	
HEALTH INSURANCE COMPANY	PHONE
ADDRESS	POLICY #
ONGOING MEDICATIONS	
ALLERGIES	
I GIVE PERMISSION TO ADMINISTER EMERGENCY MEDICAL TRE	EATMENT TO MY CHILD AND TO TRANSPORT TO THE
NEAREST MEDICAL FACILITY. YES NO	(CIRCLE ONE)
I GIVE PERMISSION FOR MY CHILD TO BE VIDEO AND/OR AUDIO	
PARENT'S SIGNATURE	DATE
	22
PLEASE HAVE THIS NOTORIZED BELOW	
PHYSICIAN'S NAME	PHONE
ADDRESS	
DENTIST'S NAME	PHONE
ADDRESS	
HOSPITAL PREFERRED	
HEALTH INSURANCE COMPANY	PHONE
ADDRESS	DOLLOW !!
ONGOING MEDICATIONS	
ALLERGIES	
I GIVE PERMISSION TO ADMINISTER EMERGENCY MEDICAL TRI	EATMENT TO MY CHILD AND TO TRANSPORT TO THE
NEAREST MEDICAL FACILITY. YES NO	(CIRCLE ONE)
I GIVE PERMISSION FOR MY CHILD TO BE VIDEO AND/OR AUDIO	

DATE

PARENT'S SIGNATURE

PLEASE HAVE THIS NOTORIZED BELOW