EMERGENCY CARD INFORMATION

Child's Name: _____
Date of Birth: _____

Child's Home Address: _____

_____ Phone #: _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN

1. _____
(Name, Address, Phone #)

2. _____
(Name, Address, Phone #)

PEDIATRICIAN OR SOURCE OF HEALTH CARE

1. _____
(Doctor's Name, Address, Phone #)

EMERGENCY CONTACT PERSON(S)

1. _____
(Name, Address, Phone #)

2. _____
(Name, Address, Phone #)

MEDICAL EMERGENCY TREATMENT

I hereby give _____
(Name of Program)
permission to administer basic first aid and/or CPR to my child _____,
(Name)
to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

_____ _____
(Parent Signature) (Date)

INSURANCE INFORMATION (OPTIONAL)

Company name: _____ Policy #: _____
Participating Hospital: _____
Special Instructions: _____

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