

EMERGENCY RECORD CARD

CHILD'S INFORMATION



Last Name:					Date of Birth:		
First Name:				First Day in Care:			
Siblings Enrolled Yes No					Any Custody Arrangements? Yes No NA		
Y	NAI				NTACT INFORMATION	7	
Name: Relationship:				Name: Relationship:			
Place of Employment / Other:				Place of Employment / Other:			
Phone:				Phone:			
Physical Home Address:			Physical Home Address:				
Cell Phone:	send text msg. Home Phone:			Cell Phone:	: Home Phone:		
E-mail Address:			E-mail Address:				
	-	PERSONS AUT	THORIZED TO PI	ICK-UP CHILD — Em	nergency / Routine		
	ached immediately in a				name and phone number of an indivi n pick up the child in emergency situa		
Name:	Daytime F	Daytime Phone;		Cell;	☐ Emergency	Routine	
Name:	Daytime F	Daytime Phone:		Cell:	☐ Emergency	Routine	
Name:		Daytime I	Daytime Phone:		Cell:	☐ Emergency	Routine
Name:		Daytime F	Daytime Phone:		Cell:	☐ Emergency	Routine
MEDICAL INFORMATION and RELEA				·		L CARE	
Child's Name:				Child Care Facility:			
☐ My child has NQ ongoing	health concerns, i	ncluding aller	gies or ongoing	medications			
- OR	=						
My child has the following	g chronic health co	oncerns:					
☐ Allergies (list al	_						
Asthma	Diabetes S the following ongoin	eizures or epil	. , _	other (list):			
iny orang takeo	and following original						
PREFERRED MEDICAL FACILITY INFORMATION Discription of the property of the p							
Physician's Name: Physician's Phone (recommended): Preferred Hospital: Providence Regional ANMC JBER Other:							
Preferred Hospital: Pro	vidence Reg	jional /	ANMC	JBER	ner:		
understand that every effort w	facility permission to ill be made to locate	me or my chi	ld's other pare	reatment, includin nt or legal guardia	erifying that this medical informat g necessary emergency paramed an as soon as possible. I understa surgical care and any related me	dic transport for my and my obligation t	complete. I
Signature of Parent or Legal Guardian Date Signed							
Signature	of Parent or Lega	l Guardian			Date Si		o keep my
Signature			y Record Card	l must be Review	Date Signed and Updated Semi-annually	gned	o keep my
Signature Date & Initial		is Emergency		must be Review & Initial		gned	o keep my n costs.