

Date: _____

Emergency Card (Please read and fill out both sides completely)

Child's Name _____ Birth date _____

Address _____ City _____ State _____ Zip _____

Parent 1 _____ H. Phone () _____

Cell () _____ W. Phone() _____

Email _____

Preferred Contact: Cell Home Email

Parent 2 _____ H. Phone () _____

Cell () _____ W. Phone() _____

Email _____

Preferred Contact: Cell Home Email

Emergency Contacts: (you must list 2 people other than parents) Check box if authorized to pick-up

Name _____ H. Phone () _____ W. Phone () _____

Address _____ City _____ State _____ Zip _____

Name _____ H. Phone () _____ W. Phone () _____

Address _____ City _____ State _____ Zip _____

Physician: _____ Address _____ Phone() _____

Dentist: _____ Address _____ Phone() _____

Emergency Card

I give permission to PUMPKIN PATCH CHILDCARE & LEARNING CENTER, INC. to take whatever emergency (e.g., first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the center.

In case of an emergency, I understand that my child will be transported by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary.

I understand that in some medical situations the staff will need to contact the local emergency resource before the parent, child physician, and/or other adult acting on the child's behalf. I authorize any representative of Pumpkin Patch Childcare & Learning Center to release insurance information (if any) and any pertinent medical information to medical personnel if necessary to begin treatment.

In the event of an accidental ingestion, I give permission for staff to administer Syrup of Ipecac if they are so directed by the Poison Control Center. East Metro (612)221-2113 West Metro (612)347-3141

In addition, I give permission to the Public Health Nurse to review my child's file.

Allergies and other Medical Information: _____

Insurance Carrier: _____ Policy Number: _____

Legal Parent/Guardian Signature _____ Date _____