

Emergency Contact Information

Child's Last Name: _____ MI: _____ First Name: _____

Home Address: _____ Email: _____
Street City State Zip

Main Phone Number: _____ Date of Birth: _____ Sex: male female

Parent/Guardian (student resides with)

Name: _____

Preferred Language of Communication: _____

Home Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Business Name: _____ Work Phone: _____

Business Address: _____
Street City State Zip

Signature: _____

Other Parent/Guardian

Name: _____

Preferred Language of Communication: _____

Home Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Business Name: _____ Work Phone: _____

Business Address: _____
Street City State Zip

Signature: _____

If Medical Care is Necessary, Call:

DOCTOR: _____
Name Address City State Zip Phone

HOSPITAL: _____
Name Address City State Zip Phone

Does your child have insurance coverage? Yes No Name of Insurance Company _____
(Optional)

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.

Name: _____

Name: _____

Address: _____
Street City State Zip

Address: _____
Street City State Zip

Telephone: _____ Cell phone: _____

Telephone: _____ Cell phone: _____

Name: _____

Name: _____

Address: _____
Street City State Zip

Address: _____
Street City State Zip

Telephone: _____ Cell phone: _____

Telephone: _____ Cell phone: _____

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

Name: _____

Name: _____

Custody papers have been provided and are on file at the facility. Yes No Order of Protection Exist? Yes No

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent or Guardian printed name Signature Date: _____

Medical Information

Name of Physician/Clinic: _____ Telephone: _____

Is child allergic to food or other substances? Yes No

(If yes, name foods or substances to be avoided and procedure to follow if reaction occurs)

Is child usually susceptible to infections and if so, what precautions need to be taken? Yes No _____

Is child subject to convulsions and what should be our procedure if one occurs? Yes No _____

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? Yes No _____

Additional comments: _____

Other special instructions: _____

I understand that Books & Rattles, Inc. staff maintains current First Aid and CPR training. I authorize Books & Rattles staff to administer First Aid to my child for minor injuries as appropriate and to notify me accordingly. In case of major accident, injury or illness requiring immediate medical or surgical care, I _____ further authorize centers staff to act on my behalf, provided that they first make such diligent effort as the nature of the emergency permits to notify me of the situation and obtain my preference. If I am unavailable, I hereby Authorize:

Name: _____ Relationship: _____ Tel.No.: _____

Name: _____ Relationship: _____ Tel.No.: _____

To act on my behalf in such effort to contact me or my representative designated above are unsuccessful, I authorize the Books & Rattles, Inc. Staff to transport my child to a local hospital and to secure for my child any necessary medical treatment at my expense.

_____ Date: _____

Parent/Guardian printed name

Signature

Note: Please attach current photo of child