EMERGENCY CARD

Child's Name _____ Birthdate ____/____/____ Date of Enrollment ____/____/____

Mother's Name _____ Mother's Address _____ Mother's City _____ Mother's Zip _____

Mother's Employer _____ Mother's Work # _____ Mother's Cell # _____ Mother's Home # _____

Father's Name _____ Father's Address _____ Father'sCity _____ Father's Zip _____

Father's Employer _____ Father's Work # _____ Father's Cell # _____ Father's Home # _____

Child Lives With:
- ☐ Both Parents
- ☐ Mother
- ☐ Father
- ☐ Joint Custody

In Case of Emergency Contact:

1) Name _____ Relationship _____ Phone Numbers _____

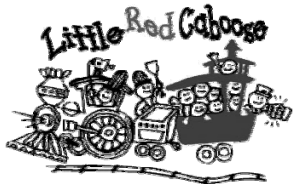
2) Name _____ Relationship _____ Phone Numbers _____

Child's Doctor _____ Doctor's Phone # _____ Doctor's Address _____ Hospital Attending _____

Persons authorized to pick up my child:

_____ _____ _____ _____

Parent Signature _____ Date _____/_____/_____



EMERGENCY CARD

_____ ____/____/____ ____/____/____

Mother's Name _____ Mother's Address _____ Mother's City _____ Mother's Zip _____

Mother's Employer _____ Mother's Work # _____ Mother's Cell # _____ Mother's Home # _____

Father's Name _____ Father's Address _____ Father'sCity _____ Father's Zip _____

Father's Employer _____ Father's Work # _____ Father's Cell # _____ Father's Home # _____

Child Lives With:
- ☐ Both Parents
- ☐ Mother
- ☐ Father
- ☐ Joint Custody

In Case of Emergency Contact:

1) Name _____ Relationship _____ Phone Numbers _____

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Child's Doctor _____ Doctor's Phone # _____ Doctor's Address _____ Hospital Attending _____

Persons authorized to pick up my child:

_____ _____ _____ _____

Parent Signature _____ Date _____/_____/_____