



EMERGENCY CARD INFORMATION

All information is REQUIRED and needs to be completed

Child's Name

Click or tap to enter a date.

Child's Date of Birth

Parent/Guardian Information (1)

Name

Address

City/State/Zip

Home Phone

Place of Employment

Email Address

Cell Phone

EMERGENCY CONTACT

Name

Relation to Child

Home Phone

Work Phone

Cell Phone

Other

Parent/Guardian Information (2)

Name

Address

City/State/Zip

Home Phone

Place of Employment

Email Address

Cell Phone

PHYSICIAN'S NAME

Name

Phone

Clinic

Child's Health Care Number

Insurance

Hospital Choice

EMERGENCY CARD INFORMATION

Medical or other concerns:

Persons Authorized to Pick Up Child (other than parents)

Relation to Child

In case of emergency, I give my consent for medical treatment of my child if I cannot be reached. YES NO (check one)

I understand that in case of ambulance transportation, The Learning Gardens will transport to Meriter Hospital unless otherwise noted.

Parent's Signature:

Date: Click or tap to enter a date.