



## EMERGENCY CARD INFORMATION

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

(Street, City, ZIP)

Home Phone: \_\_\_\_\_

### INSTRUCTIONS TO REACH PARENT/GUARDIAN

1. \_\_\_\_\_  
(Name, address, best phone #)

2. \_\_\_\_\_  
(Name, address, best phone #)

### PEDIATRICIAN OR SOURCE OF HEALTH CARE

1. \_\_\_\_\_  
(Doctor's Name, Address, Phone#)

### EMERGENCY CONTACT PERSON(S)

1. \_\_\_\_\_  
(Name, Address, Phone #)

2. \_\_\_\_\_  
(Name, Address, Phone #)

### MEDICAL EMERGENCY TREATMENT

I hereby give **Cape Ann Preschool** permission to administer basic first aid and/or CPR to my child \_\_\_\_\_ (Name) and/or take my child \_\_\_\_\_ (Name), to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

### INSURANCE INFORMATION (OPTIONAL)

Company Name: \_\_\_\_\_ Policy# \_\_\_\_\_

Participating Hospital: \_\_\_\_\_

Special Instructions: \_\_\_\_\_