Summer Daycare Child Emergency Data Card

(to be completed by parent or guardian only)

Today's date: ____/_____/_____

Legal name of child: _____
                                Last   *First*   *Middle*

Date of birth: ___/___/_____ Sex: ___M ___F Allergies/Medications: _____

Legal name of child: _____
                                Last   *First*   *Middle*

Date of birth: ___/___/_____ Sex: ___M ___F Allergies/Medications: _____

Legal name of child: _____
                                Last   *First*   *Middle*

Date of birth: ___/___/_____ Sex: ___M ___F Allergies/Medications: _____

Home address _____ City _____ State _____ Zip Code _____

In the event of your student's illness or emergency, we need to know the best order in which to notify the appropriate family member.

Notify 1st: ___ **Mother** ___**Father** ___ **Other (please specify)** _____

Mother: _____ Home Phone: _____Work Phone: _____ Cell phone: _____

    Occupation: _____ Employer: _____

Father: _____ Home Phone: _____Work Phone: _____ Cell phone: _____

    Occupation: _____ Employer: _____

If unable to reach parent, please call: Name_____Address_____Phone_____Relationship_____
                                             Name_____Address_____Phone_____Relationship_____

In case of a serious accident or illness and I cannot be reached, I authorize any medical treatment necessary:

Dr. _____ Phone _____ Dr. _____ Phone _____
          (Doctor's name)   *(Dentist's name)*

In the case of an emergency requiring immediate medical attention and daycare authorities cannot locate me or the above listed physician, I hereby authorize my child(ren) to be taken to (check one) ____ **St. Luke's** ____ **Essentia** *emergency room. I understand that the daycare does not assume responsibility for payment of a physician, hospital, or ambulance service.*

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Student(s) live with: _____ Both Parents _____ Mother _____ Father _____ Guardian

Please list below the names of all persons *authorized* to pick up your child(ren) from daycare: (Emergency contacts listed on the front should also be included here.)

Name_____ Phone _____Address_____

Name_____ Phone _____Address_____

Name_____ Phone _____Address_____

Name_____ Phone _____Address_____

Name_____ Phone _____Address_____

Name_____Phone_____Address_____

Name_____ Phone _____Address_____

Name_____ Phone _____Address_____

If applicable, please list below the names of anyone <u>not</u> allowed to pick up your child(ren) from school: (if biological parent, please provide legal documentation)

_____   _____

I certify that the information on both sides of this card is current and accurate.

_____   **Date** _____/_____/_____
            Parent or Guardian Signature