Emergency Card

Date: _____

Child's Name _____ Birth date _____

Address: _____

Parent/Guardian: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Food/Other Allergies: _____

Treatment if necessary: _____

Pickup Authorization (must match application):

_____ Both parents/guardians listed above are authorized to pickup child.

Child's Physician Name: _____

Physician Address: _____

Physician Phone: _____

Emergency Contacts & People Authorized to Pick-up Child (If unable to reach parent) **List at least 2**

#1: _____

Name Relationship to child

_____

Home Phone Cell Phone Work Phone

#2: _____

Name Relationship to child

_____

Home Phone Cell Phone Work Phone

#3: _____

Name Relationship to child

_____

Home Phone Cell Phone Work Phone

Initial & Date

_____If emergency medical care becomes necessary, I give permission for my child to receive treatment as St. Aemilian Preschool staff deems necessary, be transported in an ambulance, and/or to be taken to Children's Hospital of Wisconsin, or closest hospital.

_____I give permission for above named emergency contact individuals to have access to my child's health information.

_____ I give permission for my child to participate in any walking field trips including Webster Park.