



Emergency Card Information
Please print clearly

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____
Street State Zip Code

Parent/Guardian Name: _____ Parent/Guardian: _____

Address: _____ Address: _____

Parent/Guardian Cell Phone: _____ Parent/Guardian Cell Phone: _____

Parent/Guardian Work Phone: _____ Parent/Guardian Work Phone: _____

Parent/Guardian Email: _____ Parent/Guardian Email: _____

Parent/Guardian Home Phone: _____ Parent/Guardian Home Phone: _____

Contact Information and Instructions: Parents/Guardians

Please include name, address, and telephone number.

1. _____

Instructions: _____

2. _____

Instructions: _____

Medical Service Information

Insured Name: _____ (Name of person that provides insurance coverage)

Company Name: _____

Policy/Plan Number: _____

Participating Hospital: _____

Special Instructions: _____

Medical Emergency Treatment Release

I hereby give Springfield College Child Development Center permission to administer basic first aid and/or CPR to my child (first and last name) _____, and or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health. In addition, I give the center teacher's and the director access to my child's confidential record file.

Parent/Guardian Signature

Date

This form is double sided. Please complete both sides.

The following people are authorized to pick up my child in the event I am unavailable:

Name: _____

Phone Number: _____

Address: _____

Name: _____

Phone Number: _____

Address: _____

Name: _____

Phone Number: _____

Address: _____

Parent/Guardian Signature

Date