

EMERGENCY CARE CARD - FRONT SIDE

Child's Name: _____ Date of Birth _____
 First Middle Last

Current Address: _____
 Street City Zip Code

Child's Primary Phone Number: _____

Allergies: _____

Father/Guardian: _____ Cell: _____ Work: _____

Email: _____

Mother/Guardian: _____ Cell: _____ Work: _____

Email: _____

Emergency Contact (If different than above contacts)

Name: _____ Relationship to child: _____ Phone Numbers: _____

Name: _____ Relationship to child: _____ Phone Numbers: _____

I give consent for emergency medical treatment or care if I cannot be reached.

Signed: _____ Date: _____

Complete both sections of form

EMERGENCY CARE CARD - BACK SIDE

I give consent for the following person(s) to pick up my child from ACP:

Name	Relationship	Phone Number(s)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Signed: _____ Date: _____

Complete both sections of form