

**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:

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete both sections of form**