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: _____

Parent/Guardian #1: _____ Email: _____

Cell: _____Work: _____

Parent/Guardian #2: _____ Email: _____

Cell: _____Work: _____

Emergency Contact (If different from the 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 sides of the 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 sides of the form