

EARLY LEARNING CENTER EMERGENCY INFORMATION CARD

CHILD'S FIRST NAME _____ CHILD'S LAST NAME _____
CHILD'S BIRTHDATE _____ CHILD'S GENDER: MALE _____ FEMALE _____
CHILD'S ADDRESS _____ CITY _____ ZIP CODE _____

MOTHER'S INFORMATION

FULL NAME _____
CELL PHONE _____
HOME PHONE _____
WORK PHONE _____
HOME ADDRESS _____
CITY _____ ZIP _____

FATHER'S INFORMATION

FULL NAME _____
CELL PHONE _____
HOME PHONE _____
WORK PHONE _____
HOME ADDRESS _____
CITY _____ ZIP _____

SPECIAL INSTRUCTIONS AS TO HOW PARENTS/GUARDIANS CAN BE REACHED DURING HOURS OF OPERATION:

PERSONS AUTHORIZED TO PICK UP CHILD OR BE CONTACTED IN CASE OF EMERGENCY IF PARENTS CANNOT BE REACHED:

NAME _____ PHONE NUMBER _____
ADDRESS _____
NAME _____ PHONE NUMBER _____
ADDRESS _____
NAME _____ PHONE NUMBER _____
ADDRESS _____

CHILD'S DOCTOR _____ PHONE _____
ADDRESS _____
CHILD'S DENTIST _____ PHONE _____
ADDRESS _____

(Please check a choice of hospital below or write in name, address, and phone number of another choice below)

- The Children's Hospital. 13123 East 16th Avenue, Aurora, CO 80045. (720) 777-1234
- Aurora Medical Center. 1501 S. Potomac St, Aurora, CO 80012. (303) 695-2771
- Parker Adventist. 9395 Crown Crest Blvd, Parker, CO 80138. (303) 269-4000

HOSPITAL NAME _____ PHONE _____
ADDRESS _____

ANY SPECIAL HEALTH CONDITIONS WE SHOULD BE INFORMED OF IN CASE OF EMERGENCY:

ALLERGIES _____

Please specify food, medication, etc. Write "none" if child has no known allergies.

We give lotions, lip ointments, and over-the-counter medication only when absolutely necessary. Topical products require a signed permission form for school administration. Any necessary prescription or over-the-counter medications must be in the original container, labeled with the child's first and last name and a *Physicians Authorization of Medication Form* must be on file.

Authorization for emergency medical care:

I hereby authorize the staff and director of Peace With Christ Early Learning Center to give consent for any and all necessary medical emergencies for my child.

Parent/Guardian signature _____ Date _____