

# Medical Emergency Card

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Parent Information:

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Emergency And Authorized Pick-Up Name (If parents cannot be contacted.)

MUST HAVE TWO NAMES INCLUDING ADDRESS AND PHONE

| Name | Address | Phone |
|------|---------|-------|
|------|---------|-------|

1. \_\_\_\_\_

2. \_\_\_\_\_

## Emergency Medical Information

Doctor's Name & Clinic \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

Doctor's Address \_\_\_\_\_ City \_\_\_\_\_

Dentist's Name & Clinic \_\_\_\_\_ Dentist's Phone Number \_\_\_\_\_

Dentist's Address \_\_\_\_\_ City \_\_\_\_\_

## Other Information

Does your child have any allergies?  Yes  No

If yes, please list:

Does your child take any regular medications?  Yes  No

If yes, please list:

Does your child have any limitations?  Yes  No

If yes, please list:

I authorize Skidaway Island Preschool to act in my behalf in an emergency situation if I cannot be reached or there will be a delay in my arrival.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_