

Emergency Medical Information

Child's Name _____ Birthdate _____
Address _____ Phone _____
_____ Zip Code _____
Father's Name _____ Phone _____
Father's Employer _____ Phone _____
Mother's Name _____ Phone _____
Mother's Employer _____ Phone _____
Child's Doctor _____ Phone _____

Persons to be contacted if Parent/Guardian cannot be reached: (please put in order of how to call)

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Allergies to: Food _____ Medication _____

Medication taken on a regular basis _____

Calvary Weekday/Calvary Preschool and Kindergarten has my permission to take my child to,
_____ to the Emergency Room and then notify me.

Name of Medical Insurance Company _____

Name of Policy Holder _____ Policy Holder's Birthdate _____

Policy Number _____ Group # _____

Participant's Social Security Number _____

Child's Social Security Number _____

Parent/Guardian's Signature

Date