

### Child Care Emergency Card

Name of Student _____	Date of Birth _____
Home Address _____	Mother: Home tel: _____
Mother's/Guardian's Name _____	Mother: Work: _____
Place of Employment _____	Mother: Cell: _____
Father's/Guardian's Name _____	Mother: Other: _____
Place of Employment _____	Father Home tel: _____
Name of Family Physician _____	Father Work: _____
Name of Family Dentist _____	Father Cell: _____
Choice of Hospital _____	Father Other: _____
Chronic or Current Medical Problems: _____	Physician Phone Number: _____
	Dentist Phone Number: _____
	Hospital Phone Number: _____

**List two neighbors or nearby relatives to contact if parents are not available:**

Name and Address _____	Phone Numbers: _____
_____	_____
Name and Address _____	Phone Numbers: _____
_____	_____
_____	_____

### Child Care Emergency Card

Name of Student _____	Date of Birth _____
Home Address _____	Mother: Home tel: _____
Mother's/Guardian's Name _____	Mother: Work: _____
Place of Employment _____	Mother: Cell: _____
Father's/Guardian's Name _____	Mother: Other: _____
Place of Employment _____	Father Home tel: _____
Name of Family Physician _____	Father Work: _____
Name of Family Dentist _____	Father Cell: _____
Choice of Hospital _____	Father Other: _____
Chronic or Current Medical Problems: _____	Physician Phone Number: _____
	Dentist Phone Number: _____
	Hospital Phone Number: _____

**List two neighbors or nearby relatives to contact if parents are not available:**

Name and Address _____	Phone Numbers: _____
_____	_____
Name and Address _____	Phone Numbers: _____
_____	_____
_____	_____