

## STUDENT EMERGENCY CARD

### Child Information

<b>Child's Name</b>	<b>Birth Date</b>
<b>Primary Street Address</b> (please indicate secondary address on back if necessary)	
<b>City</b>	<b>State</b>
<b>Zip Code</b>	

### Parent/Guardian Information

Name	Cell Phone	Home Phone	Work Phone	Email

**EMERGENCY ALTERNATIVE AND AUTHORIZED PICK UP OTHER THAN PARENTS: AT LEAST 2 CONTACTS ARE REQUIRED**

Name	Address	Relationship to child	Phone

**THE FOLLOWING INFORMATION IS REQUIRED BY THE DEPARTMENT OF HUMAN SERVICES**

<b>Physician</b>	<b>Phone</b>	<b>Dentist</b>	<b>Phone</b>
<b>Address</b>		<b>Address</b>	
<b>Preferred Hospital</b>		<b>Last DPT</b>	
<b>Insurance Carrier Policy Holder</b>		<b>Insurance Number</b>	
<b>Medications</b>		<b>Allergies</b> <input type="checkbox"/> <b>Mild</b> <input type="checkbox"/> <b>Severe</b>	

I give permission to All Season Preschool to make whatever emergency (first aid, disaster, evacuation, etc.) measures are judged necessary for the care and protection of my child while under the supervision of the preschool. In case of a medical/dental emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police or emergency medical respondent) deems it necessary. It is understood that in some medical situations, the staff will need to contact local emergency resources, child's physician, and/or other adults acting on the parents behalf before contacting the parents.

**Date:** \_\_\_\_\_ **Signature of Parent or Guardian:** \_\_\_\_\_