



Marion Forsman-Boushie Early Learning Center
Emergency Card

Child's Name: _____ D.O.B. _____

Child's Name _____ D.O.B. _____

Address: _____
Street City State Zip

Parent: _____ Parent: _____

Home phone: _____ Home Phone: _____

Message: _____ Message: _____

Work/School: _____ Work/School: _____

In case of emergency and in the event I cannot be reached, I authorize the following persons to be contacted to care for and or pick up my child.

Name/Address/Phone #	Name/Address/Phone #
_____	_____
_____	_____
_____	_____

Under no circumstances should be following person(s) see or be given information about my child:

Name/Address/Phone #	Name/Address/Phone #
_____	_____
_____	_____
_____	_____

*** Legal Supporting documentation must be provided in order to prohibit the above people from having contact with child.**

Earthquake Emergency (Out of State) contact: Name: _____
Relationship to child: _____ Phone # _____
Address: _____

Allergies/Restrictions/Medications/Conditions

Doctor: _____ Phone # _____
Dentist: _____ Phone # _____
Insurance Co. Name _____ I.D.# _____ Group# _____

I give permission for Marion Forsman-Boushie Early Learning Center to administer first aid/CPR to my child if the need arises. I give permission for Marion Forsman-Boushie Early Learning Center to call **911** to obtain emergency care for my child in the event of serious injury. In the event I cannot be contacted, I consent to the medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. In such emergency, I give permission for Marion Forsman-Boushie Early Learning Center to determine the method of transportation.

Signature of Parent/Guardian Date