

**Total Child Preschool & Childcare Center  
Emergency Card**

**Child's Name** \_\_\_\_\_  
**Class** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Work** \_\_\_\_\_  
**Cell Phone** \_\_\_\_\_ **email** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Work** \_\_\_\_\_  
**Cell Phone** \_\_\_\_\_ **email** \_\_\_\_\_

**Physician** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Dentist** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**In an emergency, if neither parent can be reached, please call the following emergency contacts in the order listed. These individuals are authorized to pick up my child.**

<b>Name</b>	<b>Relationship</b>	<b>Phone</b>

**Does your child take any medication on a regular basis?** \_\_\_\_\_  
**If so, please describe the situation:**

**Please list any allergies:**

**Health Insurance** \_\_\_\_\_  
**Company** \_\_\_\_\_ **Group #** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**If immediate care is indicated, Total Child has my permission to seek emergency medical treatment for my child** \_\_\_\_\_ **. I understand that paramedics will be called and my child will be taken to Evanston (or closest) Hospital for treatment, at my expense.**

\_\_\_\_\_  
**Parent's Signature**