

First Place Child Development Center Emergency Card

Child's Name _____ Date of birth _____

Address _____ Home phone _____

Mother's Name _____ Work # _____ Cell _____ E mail _____

Father's Name _____ Work # _____ Cell _____ E mail _____

In the case of an emergency or illness, the parents will be called first. If the parents are unavailable, the following persons are authorized to pick up the child (at least one name MUST be listed below):

Name:	Phone:	Relationship:
1. _____		
2. _____		
3. _____		

I GIVE PERMISSION TO FIRST PLACE CHILD DEVELOPMENT CENTER TO TAKE WHATEVER EMERGENCY MEASURE JUDGED NECESSARY FOR THE CARE AND PROTECTION OF MY CHILD WHILE UNDER THEIR SUPERVISION.

IN CASE OF A MEDICAL 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 DEEMS IT NECESSARY.

IT IS UNDERSTOOD THAT IN SOME MEDICAL SITUATIONS, THE STAFF WILL NEED TO CONTACT THE LOCAL EMERGENCY RESOURCE BEFORE THE PARENT AND/OR OTHER ADULT ACTING ON THE PARENT'S BEHALF.

Parent Signature _____ Date _____

Comments _____

