

# St. John's Lutheran Church Early Childhood Center Emergency Contact Card

**Program:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_  
Last First MI

**Address:** \_\_\_\_\_

\_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Telephone: Home** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

## Health History

**Allergies:** \_\_\_\_\_

**Special Medical Conditions:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**My child may be released to:**

**Name:** \_\_\_\_\_ **Tel.# ( )** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Tel.# ( )** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Tel.# ( )** \_\_\_\_\_

# Permission To Receive Emergency Medical Care

Agreement:

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, and the services provided by the facility. In case of accident or injury, I authorize any and all medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child. Steps may include, but are not necessarily limited to or followed in this order:

- 1.) Provide emergency first aid and/or call 911
- 2.) Attempt to contact parent or guardian
- 3.) Attempt to contact any of the other persons that have been listed on this form as emergency contacts
- 4.) Attempt to contact your child's physician
- 5.) As the situation warrants, we may: a.) call an ambulance, or b.) take child to an emergency hospital in the company of a staff member

I realize that school cannot assume responsibility for the payment of medical fees or expenses incurred.

**Signature (Parent/Legal Guardian)** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Emergency Notification

Relationship	Name	Daytime Telephone#	Cell#
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**Mother:** \_\_\_\_\_

**Father:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Physician:** \_\_\_\_\_

**Dentist:** \_\_\_\_\_