



CHILDREN'S SERVICES

EMERGENCY CONTACT CARD

Court Orders _____

Child _____ Birthdate _____

Mother _____ Lives with child: Yes No

Father _____ Lives with child: Yes No

Court Orders: Yes No

Address _____ Zip _____ Phone _____

Mother's Employer _____ Work# _____ Cell/Pager# _____

Father's Employer _____ Work# _____ Cell/Pager# _____

MEDICAL INFORMATION

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Allergies? Yes No Type: _____

Instructions: _____

Is child on any daily or special medication? Yes No Type: _____

"Medicine Authorization Forms" must be completed weekly.

(see back)

PICK UP CARD INFORMATION

The following people have pick up cards and in the event of an emergency can be contacted to pick up child from the center.

NAME	RELATIONSHIP	PHONE	CARD
1. _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Office Use Only

Starting date _____

Program _____

Site _____

Staff Signature _____

Parent Signature

Date