

Emergency Card Information

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

Child's Home Address: _____

Phone: _____

Primary way to reach Parent/Guardian

1. _____

Name	Address	Phone#
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2. _____

Name	Address	Phone#
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1. _____

Doctor's Name	Address	Phone#
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Emergency Contact Person(s) other than parent

1. _____

Name	Address	Phone#
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2. _____

Name	Address	Phone#
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Medical Emergency Treatment

I Hereby give Busy Bee Nursery School permission to administer first aid and/or CPR to my child

_____ and/or take my child _____,

(name)

(name)

to a hospital for medical treatment when I cannot be reached or when a delay would be dangerous to my child's health.

Parent/Guardian Signature

Date