

EMERGENCY CARD INFORMATION

Child's Name _____

Date of Birth _____

Child's Home Address: _____

Phone #: _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN

1. _____
(Name, Address, Phone #)

2. _____
(Name, Address, Phone#)

PEDIATRICIAN OR SOURCE OF HEALTH CARE

1. _____
(Doctor's Name, Address, Phone#)

EMERGENCY CONTACTS

1. _____
(Name, Address, Phone#)

2. _____
(Name, Address, Phone#)

3. _____
(Name, Address, Phone#)

MEDICAL EMERGENCY TREATMENT

I hereby give Over the Rainbow Nursery School, Inc. permission to administer basic first aid and/or CPR to my child _____
(Child's Name)

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

Parent Signature _____

Date _____

INSURANCE INFORMATION (OPTIONAL)

Company Name : _____

Policy # _____