

## 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 # \_\_\_\_\_