

***Emergency Card Back Page to be completed by Kid's Korner Personnel
~ OFFICE USE ONLY ~***

Child's Name:	
Child's Date of Birth:	

Medical Information:		Date:
Allergy Information:		
These Items have Permission to Use as Sunscreen, Insect Repellant, Lotions/balms, and Diapering Products:		



Child Emergency Card

Information needs to be completely filled out.

Kid's Korner
EDUCARE
 CENTER INC.

Child's Name: (First, Middle Initial, Last)	
Child's Birth Date:	
Address:	

Parent &/or Guardian Information:

	Mother's Information	Father's Information
Name (First, Last)		
Employer/School		
Work/School Phone #:		
Home Number:		
Cell Number:		
E-Mail Addresses: for <u>General</u> Use		
E-Mail Addresses for <u>Urgent</u> Use		

Emergency Alternatives & Authorized People for Pickup:

	Contact #1:	Contact #2:	Contact #3:
Name (First, Last)			
Relationship			
Address:			
Work Number:			
Home Number:			
Cell Number:			

Child's Physician/Clinic: _____ **Telephone#** _____

Other Significant Medical Information/Allergies:

I hereby give permission to Kid's Korner Educare Center to take whatever measures as judged necessary for the protection and care of my child while under their supervision. In the case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if deemed necessary by the emergency staff. It is understood that in some medical situations, the staff will need to contact the local emergency source before the parent, families' physician and/or other adults acting in the parents' behalf.

Parent Signature: _____ **Date:** _____

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