For Child's Emergency Card...

Kids First Learning Center

Emergency Contact Information

Child's Name _____ Date of Birth _____

Address _____ Home Phone _____

Mother's Name _____ Business Phone _____

Father's Name _____ Business Phone _____

Name of other person to be contacted in case of an emergency:

1. _____ Address _____

Relationship (sister, relative, friend, etc.) _____ Phone _____

2. _____ Address _____

Relationship (sister, relative, friend, etc.) _____ Phone _____

Authorization is hereby given to Kids First Learning Center staff to release the above named child to the following persons, provided proper identification is first established (list all names of authorized persons, including immediate family)

1. _____ Relation _____
2. _____ Relation _____
3. _____ Relation _____
4. _____ Relation _____
5. _____ Relation _____

Physician to be called in an emergency

1. _____ Phone _____
2. _____ Phone _____

I, the undersigned, authorize the staff of Kids First Learning Center to take what emergency medical measures are deemed necessary for the care and protection of my child enrolled in the Kids First Program.

_____

(Signature of Parent or Guardian)