



EMERGENCY CARD & AUTHORIZATION FOR EMERGENCY TREATMENT

Child Name _____ Nickname _____
Date of Entry _____ Birth Date _____ Sex _____
Address _____ City _____ State _____ Zip _____
Parent/Guardian Name _____ Home Phone () _____
Address (if different than above) _____ Cell Phone () _____
Employer _____ Work Phone () _____
Parent/Guardian Name _____ Home Phone () _____
Address (if different than above) _____ Cell Phone () _____
Employer _____ Work Phone () _____
Designated phone contact in case of injury _____
Child's physician or source of health care _____ Telephone () _____
Address _____ City _____ State _____ Zip _____
Child's dentist _____ Telephone () _____
Address _____ City _____ State _____ Zip _____
Any know allergies? _____ Action to be taken _____
Medicines child is taking? _____ Serious illness or hospitalization? _____

EMERGENCY CONTACT OTHER THAN PARENT

1. Name _____ Relationship _____ Telephone () _____
Address _____ City _____ State _____ Zip _____
2. Name _____ Relationship _____ Telephone () _____
Address _____ City _____ State _____ Zip _____
3. Name _____ Relationship _____ Telephone () _____
Address _____ City _____ State _____ Zip _____
Persons authorized to pickup child _____
Persons **not authorized** to pick up child _____
Parent's marital status: Married Single/Separated Divorced
Who has legal custody of this Childs?

The **Play and Learn at Dulles Corner** Center has my permission, in the event that there is an immediate medical emergency or situation in which medical care must be administered to my child, when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deem necessary (which may include agreements for the administration of anesthesia) to provide necessary treatment for my child. The parent is responsible for payment of medical expenses.

Parent's Signature _____ Date _____

Insurance Company _____ ID/Policy Number _____