EMERGENCY CARD

Student Name: _____ DOB: _____
Address: _____

Parent/Guardian	Work Phone	Home Phone	Cell Phone
1.			
2.			

Emergency Contact	Work Phone	Home Phone	Cell Phone
1.			
2.			

Physician: _____ Phone: _____
Allergies: _____
Medications: _____ Hospital: _____
Other Significant Medical Information: _____

I give permission to Mt. Olympus Christian Child Development Center to take whatever emergency measures are judged necessary for the care and protection of my child while under their supervision. In 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. It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parent, child's physician, or other adult acting on the parent's behalf.

Signature: _____ Date: _____