

EMERGENCY ADDRESS FORM AND SIGNATURE CARD

Child's Last Name

First Name

Birth Date

***Illness or Accident :** In the event of apparently serious illness or accident, when I cannot be reached I wish one of the following to be notified by telephone. They are authorized to act in my absence, and they have SIGNED their names on this card. They may also release my child from the center.*

Name	Address	Telephone	Relationship
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Name	Address	Telephone	Relationship
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DOCTOR'S NAME AND TELEPHONE :*If anyone of the above cannot be reached, I wish my child to be taken to the HOSPITAL EMERGENCY ROOM.*

Yes _____ No _____

I wish any one of the following doctors to be notified:

Name _____ Telephone _____

Name _____ Telephone _____

Leaving Center Premises:

The following person(s) may pick up my child: (in addition to the names above)

The following person(s) **MAY NOT** pick up my child:
