

EMERGENCY CONTACT CARD

Child's Name _____

Program _____ Birth Date _____

Address _____ City _____ Zip _____

Parent(s)/Guardian(s):

1. _____ Phone #1 _____

Phone #2 _____

Phone #3 _____

2. _____ Phone #1 _____

Phone #2 _____

Phone #3 _____

Emergency Alternates:

1. _____ Phone _____

2. _____ Phone _____

Pediatrician _____ Phone _____

Allergies/Health Info _____ Last DTP/DTap _____

Medications _____

Over Please

I hereby give permission to the medical personnel selected by Little Ones Preschool to order x-rays, routine tests and treatment for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Little Ones to hospitalize and secure proper treatment for my child.

I hereby give permission for Little Ones to contact my pediatrician for any information needed about my child, and authorize my pediatrician to release such information to Little Ones.

Signature of Parent/Guardian

Date



3433 Walters Ave, Northbrook, IL 60062

Phone: (224) 213-7016

Email: info@littleones-preschool.com