**EMERGENCY/ DATA CARD**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Number City Zip Code**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Child’s Physician: | | |  | | | | | | | | | | |
| **Street Number City Zip Code** | | | | | | | | | | | | | |
| Physician’s Address: |  | | | | | |  | Physician’s Phone Number: | | |  | | |
|  | |  | | |  |  | | | |  | | | |
| **PARENT/ GUARDIAN INFORMATION:**  **Do both parents have \*guardianship? Mother: \_\_\_Y \_\_\_N Father: \_\_\_ Y \_\_\_N** | | | | | | | | | | | | | |
| Mother’s Name: | |  | | |  | Father’s Name: | | | |  | | | |
| Mother’s Address: | |  | | |  | Father’s Address: | | | |  | | | |
| Mother’s Home Phone: | |  | | |  | Father’s Home Phone: | | | |  | | | |
| Mother’s Cell Phone: | |  | | |  | Father’s Cell Phone: | | | |  | | | |
| Mother’s Work Phone: | |  | | |  | Father’s Work Phone: | | | |  | | | |
|  | |  | | |  |  | | | |  | | | |
| **EMERGENCY CONTACTS/ PERSONS ALLOWED TO PICK –UP CHILD:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Name** | | | | **Phone#** | | | | | **Relationship to Child** | | | **🗸 Emergency Contact** | **🗸Permission to Pick- Up** |
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EDC PH-2011/2012