

**Saint Ambrose of Woodbury
Early Childhood Education Center
EMERGENCY INFORMATION CARD**

Child's Name _____ Birth date _____

Street Address _____ Phone # _____

City, State _____ Zip Code _____

PARENT NAME _____ Work # _____ Cell # _____

Place of Employment _____

• **E-mail Address:** _____

PARENT NAME _____ Work # _____ Cell # _____

Place of Employment _____

• **E-mail Address:** _____

➤ **Persons authorized to assume temporary responsibility when parent(s) cannot be reached, and is authorized to pick-up the child in an emergency or non-emergency situation:**

1. **Name** _____ **Phone #** _____

Address _____ **City/State** _____

Relationship to child _____

2. **Name** _____ **Phone #** _____

Address _____ **City/State** _____

Relationship to child _____

➤ **(YOU MUST FILL OUT TWO DIFFERENT PEOPLE FOR AUTHORIZATION)**

Regular Source of health care **AND** hospital preference:

Clinic: _____ **Hospital:** _____

Address: _____ **Phone #:** _____

Regular Source of dental care:

Name: _____

Address: _____ **Phone #:** _____

➤ Other instructions for reaching person(s) responsible for the child: _____

➤ *I grant permission for the director and teaching staff to take whatever steps may be necessary to obtain emergency medical care, if needed. If the ECEC is unable to contact the parent or child's physician, we will take the following steps:*

1. **Call another physician**
2. **Call an ambulance**
3. **Have the child taken to an emergency hospital in the company of a staff person.**

• **Child's Health Insurance Information** (for emergency purposes only): _____

Parent/Guardian Signature: _____ Date: _____