

# Community Child Care Center Emergency Card

Initial and date each semester when information is updated

Initial Date	Initial Date	Initial Date	Initial Date	Initial Date	Initial Date
Initial Date	Initial Date	Initial Date	Initial Date	Initial Date	Initial Date
Initial Date	Initial Date	Initial Date	Initial Date	Initial Date	Initial Date

**\*Child's Name:**

**\*Birth Date:**

**\*Parent/Caregiver  
/Legal Guardian**

Parent/Caregiver  
/Legal Guardian

Street Address  
City, State, Zip

Street Address  
City, State, Zip

Home Phone

Home Phone

Work Phone

Work Phone

**Cell Phone**

Cell Phone

Student ID #

Student ID #

Work Hours

Work Hours

**Students: Provide Class Schedule Every Semester**

**Persons authorized to be contacted or pick up child in an emergency or non-emergency in addition to parent/guardian**

**\*1 Name**

**\*2 Name**

Relationship

Relationship

Phone

Phone

Street Address  
City, State, Zip

Street Address  
City, State, Zip

**3 Name**

**4 Name**

Relationship

Relationship

Phone

Phone

Street Address  
City, State, Zip

Street Address  
City, State, Zip

**Persons not authorized to pick up your child:**

Name

Name

Relationship

Relationship

**\*Medical Information**

**\*Dental Information**

Doctor

Dentist

**Clinic**

**Clinic**

Phone

Phone

Street Address  
City, State, Zip

Street Address  
City, State, Zip

Medical Alerts

Drug Allergies

Date of child's last D.P.T.

I hereby give my permission to the staff of Community Child Care Center to secure medical help in the event of a medical emergency from the emergency system who would dispatch an emergency medical vehicle to transport the child to the appropriate medical facility; most likely Hennepin County Medical Center. I also give permission to the staff of Community Child Care Center to take whatever measures as judged necessary (e.g. first aid, evacuation in case of disasters, etc.) for the care and protection of my child while under the supervision of Community Child Care Center. I understand it is my responsibility to keep the information on this card accurate and up-to-date. Community Child Care Center is not liable if this information is inaccurate or outdated.

**\*Parent/Caregiver or Legal Guardian Signature** \_\_\_\_\_

**\*Date:** \_\_\_\_\_

**\*Required information:** child's name; child's birth date; 2 authorized emergency contacts (in addition to legal guardian(s)); medical information (medical and dental clinics, even if child has not seen a dentist); signature; date