

Emergency Card
Children's Palace Preschool and Childcare

Childs Name: _____ Birthdate: _____

Parent/Guardian

(Parent/Guardian listed here will be allowed to pick up child)

Father: _____ Work Hours: _____

Home Address: _____

Home #: _____ Work # _____ Cell # _____

Mother: _____ Work Hours: _____

Home Address: _____

Home #: _____ Work # _____ Cell # _____

Residence: Child Lives with: Mother Only Father Only Both Parents
 Shared or Split Custody Other: _____

Legal Custody: Both Mother Father Guardian: _____

Please list email below (each family can have up to two emails on file):

Emergency:

The following may be called in an emergency when parents or guardians cannot be reached.
They also have permission to remove my child from the center if necessary.

Name: _____ Cell # _____ Work# _____

Name: _____ Cell # _____ Work# _____

Name: _____ Cell # _____ Work# _____

Physician Name: _____ Phone # _____

Hospital/Clinic: _____

Emergency release: I give my consent for emergency medical care or treatment, to be used only if I cannot be reached immediately.

Signature of Parent or Legal Guardian: _____