

Kiddie Kollege Emergency Card

Birthdate _____ Date of Admission _____

Child's Name _____ Sex: M__ F__
Home Address _____ Zip _____
Phone _____ Mom's Cell _____ Dad's Cell _____

	Name	Birthdate	Home Address & Phone	Employment & Phone
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Mother/Stepmother _____

Father/Stepfather _____

Legal guardian; Foster parent; other _____

Dentist _____ Address _____ Phone _____

Physician _____ Address _____ Phone _____

Hospital _____ Address _____ Phone _____

List all allergies to food or medication _____

List any known medical conditions _____

Two persons to be notified in case of emergency if parents are not available:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name, Address and phone of persons authorized to pick up child:

_____ Relationship _____

_____ Relationship _____

Medical, Away from premises, and Photo-publicity permission

Child's Name _____

If emergency care is deemed necessary and I cannot be contacted, I authorize the staff member in charge to act on my behalf in granting permission for my child to receive emergency treatment.

I am willing for responsible staff of **Kiddie Kollege Preschool** to take _____

On planned group field trips with the understanding that all possible precautions are taken to insure the health and safety of my child.

I hereby give permission to **Kiddie Kollege Preschool** to use photographs of _____

In school activities for news, stories, website, or advertisement purposes.

Date

(Signature of parent or guardian)