

TBC Child's Emergency Card

Please print

One card per Child

<u>Child's First and Last Name:</u>		Date of Birth:
Address:		Home Phone:
Parent's Name:		Cell Phone:
E-mail:	Pager:	Office Phone:
Parent's Name:		Cell Phone:
E-mail:	Pager:	Office Phone:
Emergency Contact and/or Pick-up Persons - Please provide names of <u>local</u> contacts only		
Name: Relationship to Child:	Cell:	Other:
Name: Relationship to Child:	Cell:	Other:
Name: Relationship to Child:	Cell:	Other:

Signature of Parent: _____ **Date:** _____

Medical Information and Emergency Permission

Name of Child's Physician: _____ Phone: _____
 Name of Dentist: _____ Phone: _____
 Health Insurance Provider: _____ Policy or Group Number: _____

RECOMMENDATIONS AND /OR RESTRICTIONS WHILE IN SCHOOL

Allergies: _____

Other conditions: _____

Is the child currently under the care of a physician? If yes, why? _____

EMERGENCY PERMISSION

I hereby authorize the Teddy Bear Club staff to administer First Aid and/or CPR to my child when appropriate. I understand that every effort will be made to contact me or my child's emergency contact persons in the event of an emergency requiring medical attention for my child. However, if I cannot be reached by the staff, after reasonable efforts, under the circumstances, or when delay would be dangerous to my child's health in the reasonable opinion of the staff, I hereby authorize the Teddy Bear Club staff to transport my child to the nearest medical care facility and/or to _____, to secure for my child necessary medical treatment, including but not limited to an epinephrine auto-injection for suspected exposure to a life threatening allergen.

I will accept full responsibility for any expense incurred in handling this emergency care.

Signature of Parent: _____ **Date:** _____