

Emergency Card Information

Child's Name: _____

Child's Date of Birth: _____

Child's Address: _____

E-Mail Address: _____

Home Phone Number: _____

Mom's Cell # _____

Dad's Cell # _____

Instructions to reach Parent/Guardian at Work

1. _____
(Name, address, phone #)

2. _____
(name, address, phone #)

Emergency Contact Person(s)

1. _____
(Name, address, phone #)

2. _____
(Name, address, phone #)

Medical Emergency Treatment

I hereby give Braintree After School Enrichment permission to administer basic first aid and/or CPR to my child, _____, and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Is your child on any medication, including an inhaler: _____

Please list any allergy/condition your child has: _____

By signing this form I am acknowledging that all this information is current and up to date at this time.

Date: _____

(Parent/guardian Signature)