

EMERGENCY CONTACT CARD

Child's Name _____

Program _____ Birth Date _____

Address _____ City _____ Zip _____

Parent(s)/Guardian(s):

1. _____ Work _____

Home _____

Cell _____

2. _____ Work _____

Home _____

Cell _____

Emergency Alternates:

1. _____ Phone _____

2. _____ Phone _____

Pediatrician _____ Phone _____

Allergies/Health info: _____ Last DPT _____

Medications _____

Chicken Pox yes no Religious Preference _____

Inoculation yes no

over please

I hereby give permission to the medical personnel selected by Little Ones Preschool, Inc. to order x-rays, routine tests and treatment for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Little Ones to hospitalize and secure proper treatment for my child.

I hereby give permission for Little Ones to contact my pediatrician for any information needed about my child, and authorize my pediatrician to release such information to Little Ones.

Signature Parent/Guardian

Date



Little Ones Preschool, Inc.
3433 Walters Avenue, Northbrook, IL 60062
phone (847) 272-4646