**EMERGENCY/ DATA CARD**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Street Number City Zip Code**

|  |  |
| --- | --- |
| Name of Child’s Physician: |  |
|  **Street Number City Zip Code** |
| Physician’s Address: |  |  | Physician’s Phone Number: |  |
|  |  |  |  |  |
| **PARENT/ GUARDIAN INFORMATION:** **Do both parents have \*guardianship? Mother: \_\_\_Y \_\_\_N Father: \_\_\_ Y \_\_\_N** |
| Mother’s Name: |  |  | Father’s Name: |  |
| Mother’s Address: |  |  | Father’s Address: |  |
| Mother’s Home Phone: |  |  | Father’s Home Phone: |  |
| Mother’s Cell Phone:  |  |  | Father’s Cell Phone:  |  |
| Mother’s Work Phone: |  |  | Father’s Work Phone: |  |
|  |  |  |  |  |
| **EMERGENCY CONTACTS/ PERSONS ALLOWED TO PICK –UP CHILD:** |
|  |
| **Name** | **Phone#** | **Relationship to Child** | **🗸 Emergency Contact** | **🗸Permission to Pick- Up**  |
|  |  |  |  |  |
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EDC PH-2011/2012