TYSONS CORNER CHILDREN'S CENTER

EMERGENCY CARD & AUTHORIZATION FOR EMERGENCY TREATMENT

Child's Name _____ Nickname _____ Date of Entry _____

Birth Date _____ Sex _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Home Phone _____

Employer _____ Work Phone _____ Cell Phone _____

Parent/Guardian Name _____ Home Phone _____

Employer _____ Work Phone _____ Cell Phone _____

Designated phone contact in case of injury _____

Child's physician or source of health care _____ Telephone ( ) _____

Address _____ City _____ State _____ Zip _____

Child's dentist _____ Telephone ( ) _____

Address _____ City _____ State _____ Zip _____

Any known allergies? _____ Action to be taken _____

Medicines child is taking? _____ Hospitalization or medical conditions _____

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Emergency Contact Other Than Parent

1. Name _____ Relationship _____ Telephone _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Relationship _____ Telephone _____

Address _____ City _____ State _____ Zip _____

3. Name _____ Relationship _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Persons authorized to pick up child _____

Persons **not authorized** to pick up child _____

Parents marital status Married Single/Separated Divorced

Who has legal custody of this child? _____

The _____ Center has my permission, in the event that there is an immediate medical emergency or situation in which medical care must be administered to my child, when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deem necessary (which may include agreements for the administration of anesthesia) to provide necessary treatment for my child. The parent is responsible for payment of medical expenses.

Parent's Signature _____ Date _____

Insurance Company _____ ID/Policy No. _____