

Autumn Creek Learning Center

Emergency Contact Card

(Please Print Clearly)

Child will not be released to any person not listed on this card.

Phone authorizations will not be allowed. NO EXCEPTIONS.

Child's Name: _____

DOB: _____ Home Phone: _____

Mother's Name: _____ Cell Phone: _____

Work Phone: _____

Father's Name: _____ Cell Phone: _____

Work Phone: _____

My child has the following allergies (e.g. peanuts, medications, pets, bee stings, etc):

Are any of the following medications required/recommended for this allergy: ___ Benadryl ___ Epipen

My child has the following medical condition(s) which may require special care during an emergency (please write condition name, symptoms, and special care instructions):

Please write the names and contact phone numbers of any persons authorized to pick up your child. **ID will be required.**

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please write the names of any persons **NOT** authorized to pick up your child.

Name: _____ Name: _____

Out of State Contact Name: _____ Phone: _____

(Please designate an out of state contact person, at least 100 miles away)

CONSENT FOR EMERGENCY MEDICAL TREATMENT: As the parent or authorized representative, I hereby give consent to Autumn Creek Learning Center to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.), Osteopath (D.O.) or Dentist (D.D.S) for my child noted above. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the child named above.

Parent Name (please print) _____

Parent Signature _____ Date _____

This Emergency Contact Card will be stored with our Emergency Supplies to be used in the event of a major Emergency or Natural Disaster.