

SPRING-MAR COOPERATIVE PRESCHOOL EMERGENCY ID CARD

Photo Space

Child's Full Name _____

Sex _____ Age _____ Home Phone # _____

Home Address _____

Parent/Guardian #1 Name _____

Work # _____ Cell # _____

Parent/Guardian #2 Name _____

Work # _____ Cell # _____

Does your child have any known allergies? If so please describe all allergies (food, medicine, environmental, etc) and child's reaction. _____

Relative to these allergies, what precautions and procedures need to be taken?

Does your child have any chronic medical conditions (asthma, diabetes, etc)? If so, please describe:

Is your child routinely on medication? Please list medications, dosage and time of medication:

Child's Physician _____ Phone # _____

Emergency Contacts

Please list 2 people to contact (who are authorized to pick up your child) if parents can not be reached:

Name	Address	Daytime Phone #
_____	_____	_____
_____	_____	_____

In addition to the people identified as emergency contacts, list any others that are authorized to pick up your child:

Name	Address	Daytime Phone #
_____	_____	_____
_____	_____	_____

Are there any people NOT allowed to pick up your child? Please List:

Authorization for Medical Treatment

Spring-Mar Preschool, its employees and representatives are authorized to obtain immediate medical treatment for my child _____ if any emergency occurs when I cannot be located immediately.

Signature of Parent/Guardian _____ Date _____

Primary Health Insurance Information

Insurance Company	ID Number	Name of Policy Holder
_____	_____	_____

Form completed by _____ Date _____