



Emergency Card and Release Form

Child's Name _____ Date of Birth _____ Gender _____

Date of Admission _____ Facility _____ Date of Termination _____

Parent 1/Guardian 1 Information

Name _____

Home Phone _____

Address _____

City _____ State _____ Zip _____

Employer/School _____

Work/School Phone _____ Cell Phone _____

E-mail _____ Date of Birth _____

Parent 2/Guardian 2 Information

Name _____

Home Phone _____

Address _____

City _____ State _____ Zip _____

Employer/School _____

Work/School Phone _____ Cell Phone _____

E-mail _____ Date of Birth _____

Additional persons to be called in case of emergency

1. _____ Relationship _____ Day Phone _____

2. _____ Relationship _____ Day Phone _____

3. _____ Relationship _____ Day Phone _____

Physician or dentist to be called in an emergency

Physician _____

Medical Plan and Number _____

Address _____

Phone _____

Dentist _____

Medical Plan and Number _____

Address _____

Phone _____

If Physician/Dentist cannot be reached, what action should be taken? Call Emergency Hospital Other (explain): _____

Allergies

Medication _____

Insect _____

Food _____

Other _____

Date of last Tetanus _____

Special Needs

Asthma _____

Seizures _____

Diabetes _____

Other _____

Consent for Emergency Medical Treatment: In the event it is impossible to receive instruction from me, I the undersigned as the parent or authorized representative, hereby give consent to Catalyst Kids Child Care Center personnel to obtain all emergency medical or dental care prescribed by a duly licensed physician (MD), osteopath (DO) or dentist (DDS) for the child named on this card. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the child. I further consent to authorize Catalyst Kids Child Care Center personnel to arrange transportation in the case of accident or acute illness of the child. Any cost incurred in treatment, not covered by Catalyst Kids insurance or my personal insurance, shall be paid by me.

The parent/guardian signing this card accepts responsibility for information. Only this parent/guardian can change the information. California law gives equal access to child's records and related information to parents/guardians with joint legal custody unless changed by a valid court order.

Parent 1/Guardian 1 Signature

Date

Parent 2/Guardian 2 Signature

Date