

EMERGENCY CONTACT CARD

Child's Name _____

Program _____ Birth Date _____

Address _____ City _____ Zip _____

Parent(s)/Guardian(s):

1. _____ Work () _____

Home () _____

Cell/Pager () _____

2. _____ Work () _____

Home () _____

Cell/Pager () _____

Emergency Alternates:

1. _____ Phone () _____

2. _____ Phone () _____

Pediatrician _____ Phone () _____

Allergies/Health info: _____ Last DPT _____

Medications _____

Chicken Pox yes no Religious Preference _____

Inoculation yes no

over please

I hereby give permission to the medical personnel selected by Little Ones Nursery School, Inc. to order x-rays, routine tests and treatment for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Little Ones to hospitalize and secure proper treatment for my child.

I hereby give permission for Little Ones to contact my pediatrician for any information needed about my child, and authorize my pediatrician to release such information to Little Ones.

Signature Parent/Guardian _____

Date _____



Little Ones Nursery School, Inc.
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