## HOPE PDO & PRESCHOOL STUDENT EMERGENCY CARD

Employer Name & Address	Child's Name	Nickname	Date of Birth
Mom's Name	Home Address	City and Zip	
Employer Name & Address	Home Phone	Email	
Employer Name & Address	Mom's Name	Cell	Phone
Dad's Name	Employer Name & Address	WkPhone	
Employer Name & Address			
Name	Employer Name & Address	Wk Phone	
Address Cell Phone Home Phone Relationship Home Phone Relationship Home Phone Relationship Home Phone Relationship Home Phone Medical Information:  Child's Dr. Address Phone Phone Phone Address Phone Phon	Alternate Emergency Contact:		
Name			
Medical Information:  Child's Dr Address Phone	Address	Cell Phone	Home Phone
Medical Information:  Child's Dr.	Name	Relationship	
Child's Dr Address Phone	Address	Cell Phone	Home Phone
Child's Dr Address Phone	Medical Information:		
Child's Dentist		Address	Phone
EXPLAIN/LIST any allergies or other medical concerns regarding your child:  Additional Persons Authorized to Pick up Child  1	Child's Dentist	Address	Phone
EXPLAIN/LIST any allergies or other medical concerns regarding your child:  Additional Persons Authorized to Pick up Child  1			
Address Cell Address Cell Address Cell Address Cell Address Cell Address Cell  NAME anyone who may NOT pick up your child: Is there a legal restraining order? Yes No  In the event of an emergency I hereby give permission for Hope PDO and Preschool staff to access emergence medical services for my child, including transport to the nearest health care facility to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me and I accept the expense of care and transport.			
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	an	d I accept the expense of care and	l transport.