

Robin's Nest



Emergency Contact Card

Child's Name _____ Birthdate _____

Phone # _____ Address _____

Mother's Name _____ Work # _____

Father's Name _____ Work # _____

Names of two people to call in an emergency if parents cannot be reached.

1. _____ Phone # _____

2. _____ Phone # _____

Names of two people who may remove child from Center other than parents.

1. _____ Phone # _____

2. _____ Phone # _____

Child's Physician _____ Phone # _____

I hereby give permission to the Phelps Child Care Center for my child to receive emergency treatment in the event that I cannot be reached.

Signature _____ Date _____