EMERGENCY INFORMATION

Child's Full Name:Child's Physician:				
		Ph		
Prefer	red Hospital for Emergency Treat	ment:		
Two People To Contact if Parent(s) Cannot Be Reached		Address	Phone Number	
1				
noncus of such	stodial parent of a student enrolled ir	n a public school or day acy contact for events oc	court order has been issued to the contrary, the care center must be included, upon the request curring during school or day care activities.	
		Agreements		
1. 2.	and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if requested by the center.			
	emergency occurs. Every effort but first consideration will be gi	•	staff to contact the parent(s)/guardian(s), of the child.	
3.	The parent(s)/guardian(s) agree after their child or any member	e to inform the center of the immediate ho led by the State Board	within 24 hours or the next business day usehold has developed a reportable of Health, except for life threatening	
		Signatures		
	Parent(s) or Guardian(s)		Date	
	Director of Center		 	

^{**}If there is an objection to seeking emergency medical care, a statement must be submitted from parent(s) or guardian(s) that states the objection and the reason for the objection.