

Woodbridge Children's Center

Emergency Information

Child Info.

Child's Name _____ Age _____ Birthdate _____

Home # _____ Home Address _____

State _____ Zip _____

Parent Info.

Mother Name _____ Work # _____ Hours _____

Cell # _____

Father Name _____ Work# _____ Hours _____

Cell # _____

Additional Contacts / Names of persons authorized to child from facility

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Additional Info.

Physician _____ Phone # _____

Allergies _____

Medications and other Significant, medical info: _____

I give permission to WOODBRIDGE CHILDREN'S CENTER to make whatever emergency (i.e.: first aid, disaster evacuation) measure are judged necessary for the care and protection of my child while under the supervision of the center.

In case of medical emergency, I understand that my child will be transported to _____ (specify hospital) by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary.

It is understood that in some medical situations the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

Signature _____ Date _____