

Woodbridge Children's Center  
Emergency Information

**Child Info.**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
Home # \_\_\_\_\_  
Home Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent Info.**

Parent / Guardian Name \_\_\_\_\_  
Work # \_\_\_\_\_ Hours \_\_\_\_\_ Cell # \_\_\_\_\_  
Parent / Guardian 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 \_\_\_\_\_