

PLEASE ATTACH CHILD'S PHOTO

Emergency - Permission Card

Child's Name:

Date of Birth:

Address:

Primary Phone:

Parent or Caregiver 1:

Phone:

Parent or Caregiver 2:

Phone:

Emergency Contact:

Phone:

Date of most recent tetanus shot:

Child's Health Practitioner:

Phone:

Medical Number:

Allergies/Medications:

Child's Dentist:

Phone:

I hereby give my consent for a staff member to call a medical practitioner or ambulance for my child in case of an accident or illness if I cannot be contacted immediately.

Parent or Caregiver Signature:

Date:

Manager's Signature:

Date:
