

WHIZ KIDS LEARNING CENTER EMERGENCY CARD

2020/2021 SCHOOL YEAR

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
number, street, town, zip code)

PARENT INFORMATION PARENT INFORMATION  
NAME: \_\_\_\_\_

WORKPLACE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

(IN WHICH ORDER SHOULD WE CALL IF WE NEED TO REACH YOU?)

IF PARENTS CANNOT BE REACHED, CONTACT:  
NAME: PHONE: RELATIONSHIP TO CHILD:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN CASE OF AN EMERGENCY I AUTHORIZE WHIZ KIDS STAFF TO PROVIDE FIRST AID AND TRANSPORT MY CHILD TO CAPE COD (OR NEAREST) HOSPITAL. I UNDERSTAND THAT I WILL BE CONTACTED IMMEDIATELY.

CHILD'S PHYSICIAN  
OR CLINIC: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD'S ALLERGIES: \_\_\_\_\_

I AUTHORIZE THE FOLLOWING PERSON(S) TO PICK UP MY CHILD FROM WHIZ KIDS:  
NAME: RELATIONSHIP TO CHILD:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I WILL CALL AHEAD TO LET WHIZ KIDS KNOW, WHEN A PERSON OTHER THAN THE PARENT(S) IS PICKING UP MY CHILD. IF A PERSON NOT ON THE LIST IS PICKING UP I WILL PROVIDE A NOTE TO WHIZ KIDS.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)