

WHIZ KIDS LEARNING CENTER EMERGENCY CARD

2021/2022 SCHOOL YEAR

CHILD'S NAME: _____ DOB: _____

ADDRESS: _____
number, street, town, zip code)

PARENT INFORMATION	PARENT INFORMATION
NAME: _____	_____

WORKPLACE: _____	_____
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WORK PHONE: _____	_____
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HOME PHONE: _____	_____
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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)