## **EMERGENCY INFORMATION**

CHILDREN WILL BE RELEASED ONLY TO PARENTS OR TO A PERSON DESIGNATED BY THE CHILD'S PARENTS. (THE DESIGNATED PERSON IS REQUIRED TO SHOW PHOTO IDENTIFICATION.)

Individuals authorized to pick up you	ur child:	
Name		Phone
Name		Phone
Name	Phone	
Individuals to call in an emergency s	ituation if parents can	not be reached:
Name	Phone	Relationship
Name	Phone	Relationship
Name of Physician	Address	Phone
Name of Emergency Medical Care Facility	Address	Phone
Name of insurance company (If required for no	on-emergency treatment)	Group # Phone
I give consent for the facility to secur	e any and all necessary	y emergency medical care for