



EMERGENCY

CARD & RELEASE FORM

Child's Name	Birthdate	
Parent's Name	Home Address	
Mother's Employer	Phone (w)	Phone (h)
Father's Employer	Phone (w)	Phone (h)
Person to call in case of Emergency	Phone	
Other persons to call in Emergency - #1	Phone	
#2	Phone	
Physician to call in case of Emergency	Phone	
Address		
If no Physician, which Hospital?	Phone	
Address		
Dentist to call in case of Emergency	Phone	
Address		
Comments (special conditions, problems, allergies (including medications, cardiac defect, convulsions, etc.):		

date of last tetanus