

EMERGENCY / DISATER INFORMATION

Child's Name _____ Birthdate _____
Home Address _____
Parents' Names _____
Parents' Address (if different) _____
Business Address _____ Phone _____

Persons Authorized to take child from center

Necessary Medical Information

Allergies _____ Ongoing Medication _____
Insurance Carrier _____ Policy # _____

I hereby give permission to Blessed Sacrament to consent to any emergency medical treatment for my child in the event that parents cannot be reached.

Signature _____
Relationship _____ Date _____

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