

# Artisticrats

## Childcare and Preschool

### Emergency Card

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

I understand that no emergency treatment may be given without informed parental consent except in a life threatening situation. I agree to keep on file at Artisticrats Childcare Center telephone numbers where a parent or parent designated responsible adult can be promptly reached in case of an emergency. I will update these telephone numbers as necessary. In case of an emergency while my child is in attendance at the center, I understand that this procedure will be followed.

### 1.) Artisticrats Childcare Center will contact parent(s):

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### 2.) If parent(s) are not available in an emergency, Artisticrats Childcare Center will contact one of these parent designates for medical authorization:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone(H) \_\_\_\_\_ Telephone (C) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone(H) \_\_\_\_\_ Telephone (C) \_\_\_\_\_

### 3.) Artisticrats Childcare Center will arrange for emergency transportation if necessary at the expense of the family.

My child should be transported to \_\_\_\_\_  
or the nearest emergency medical facility.

### 4.) Artisticrats Childcare Center may contact my child's healthcare providers:

Medical Care Provider \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Medical Care Provider \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Medications or Allergies \_\_\_\_\_  
Medical Insurance Company Name \_\_\_\_\_  
Policy Number and/or Identification Number \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Name Signature Date

\_\_\_\_\_  
Parent or Guardian Name Signature Date