

THE VINE SCHOOL EMERGENCY CARD 2012-2013

Child's Name _____ Birth date ____/____/____

Parent's Names _____

Address _____ City, Zip _____

Home Phone _____

Dad's Cell _____ Mom's Cell _____

Dad's Work # _____ Mom's Work # _____

Allergies/Medical Condition (if none you must write "None")

In case of emergency call:

Name _____ Phone _____

In the event I cannot be reached for emergency medical care at the time of an illness or accident, I hereby authorize the Director or designated teacher at The Vine School to take me child to:

Doctor _____ Phone _____

Hospital _____

Signed _____ Date _____

LIST THE NAMES OF PEOPLE WHO CAN BE CONTACTED IN CASE OF AN EMERGENCY AND ARE ALLOWED TO PICK UP YOUR CHILD. PLEASE UPDATE THIS INFORMATION AS NEEDED.

1. _____ / _____ / _____
NAME RELATIONSHIP PHONE #
2. _____ / _____ / _____
NAME RELATIONSHIP PHONE #
3. _____ / _____ / _____
NAME RELATIONSHIP PHONE #
4. _____ / _____ / _____
NAME RELATIONSHIP PHONE #