Nativity Early Learning Center Emergency Card

Child's Name:_____   Birthdate:_____

Parent/Guardian Name:_____   Parent/Guardian Name_____
Address_____   Address_____

_____   _____
Home Phone_____   Home Phone_____
Cell Phone_____   Cell Phone_____
Work Phone_____   Work Phone_____
Employer_____   Employer_____
If you cannot be reached in an emergency, who can assume responsibility for your child:
Name_____   Name_____
Phone_____   Phone_____
Address_____   Address_____
Name of Primary Doctor_____   Doctor Phone Number_____
Name of Primary Dentist_____   Dentist Phone Number_____
Allergies_____

_____
Parent/Guardian Signature:_____   Date_____

_____   _____   _____   _____   _____   _____   _____   _____
Date Updated   Initials   Date Updated   Initials   Date Updated   Initials   Date Updated   Initials

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_____
Parent/Guardian Signature:_____   Date_____

_____   _____   _____   _____   _____   _____   _____   _____
Date Updated   Initials   Date Updated   Initials   Date Updated   Initials   Date Updated   Initials