

Child Emergency Card

Child's Name _____ Home Phone _____

Mother's Name _____ Father's Name _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Employer _____ Employer _____

Work Hours _____ Work Hours _____

Person other than parent to be notified in an emergency situation when parents are not available:

Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Address _____

Names and phone numbers of persons other than parent to whom the child may be released:

1. _____ 2. _____

3. _____ 4. _____

Dentist's Name _____ Phone _____

Dentist's Address _____

Hospital preferred for emergency treatment. _____

Health Insurance Company _____ Policy # _____

In case of serious illness or injury, when neither parent can be reached, will you allow your child to be transported to the doctor or hospital by an employee of Morning Star Child Care?

Yes _____ No _____

I hereby give permission to Morning Star Child Care to secure emergency medical and/or surgical treatment for the above named minor child while in the care of the above named school. All expenses of such care will be accepted by the parents.

Signature of Parent or Guardian _____ Date _____

FIELD TRIP PERMISSION

My child _____ has my permission to take walking field trips with his teacher and classmates. I understand that the children may be walked, or pushed in a stroller, to the local park, downtown, or around the neighborhood. I may not be told in advance regarding walking trips, however, understand that I will be notified in advance of any field trips involving transportation in a vehicle. My permission will be secured for each trip by vehicle. I know that I am welcome to join my child on any field trip.

Signature of Parent or Guardian _____ Date _____

SUNCREEN PERMISSION—Please check all applicable boxes.

My child may use his/her own sunscreen.

My child may not use sunscreen.