

# Emergency Card

( Please Print )

Please Attach

Current Photo

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ First day of enrollment: \_\_\_\_\_

Parents or Guardians:

Telephone Numbers:

1. \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

2. \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Parent /Guardian

Parent/Guardian

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Relative/Contact:

1. \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

2. \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

3. \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Please complete other side of form.

### Medical Emergency Permission

If emergency medical care becomes necessary and I/any contacts can't be reached immediately, I give permission for my child to receive treatment by being taken to the hospital/emergency room by way of center vehicle or ambulance.

Hospital name: \_\_\_\_\_ Name of Clinic: \_\_\_\_\_

Physician name: \_\_\_\_\_ Phone Number of Clinic: \_\_\_\_\_

Dentist name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date Signed

### Transportation Permission

I give my permission for my child to be transported in Bright Beginnings vehicles to and from schools and/or events.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed

### Field Trip Permission

I give my permission for my child to go on walking field trips or to be transported for field trips with the staff of Bright Beginnings as part of his/her enrichment and enjoyment.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date Signed

Other significant medical information: \_\_\_\_\_

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Revised 10/19

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