

EMERGENCY CARD

DATE ENTERED _____

DATE LEFT _____

This information must be complete and correct for each child and must be retained for three years after child's departure. Address must be kept current. When confusion would result from the addition of new information, a new emergency card must be completed. All emergency cares will be reviewed at time of site inspections.

Child's Name:	Birthdate:	Child Lives With: (please check) Mother ___ Father ___ Guardian ___	
Mother or Guardian's Name and Address	Home Phone	Work Phone	Cellular Phone
Father or Guardian's Name and Address	Home Phone	Work Phone	Cellular Phone
In Case of Emergency (people to contact)	Relationship:	I Acknowledge Receipt Of	
1 st Choice Phone #	Friend ___ Neighbor ___ Family ___ Other ___	Form LIC 995 "Parent Rights" _____	
2 nd Choice Phone #	Friend ___ Neighbor ___ Family ___ Other ___	Form LIC 613A "Personal Rights" _____	
Physician (Name, Address, Phone #)		Form LIC 627 "Consent for Medical Treatment" _____	
Dentist (Name, Address, Phone #)		Form LIC 702 "Health History" _____	
Preferred Hospital (Name, Address, Phone #)		CA School Immunization for Non-School Age children _____	
<p>Emergency Medical Treatment Authorization</p> <p>I/we, the undersigned, am/are the parent(s) or persons having legal custody of the above names minor/ I/we now am/are entitled to full and complete custody of said minor child.</p> <p>I/we herby authorize <u><i>Family Matters Child Care Center, Inc.</i></u>, in whose care the above named child had been entrusted by me/us, to consent to any x-rays examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general and special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medicine Practice Act and/or x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under provision of the California Dental Practice Act. I/we will assume financial responsibility for medical costs.</p>			
_____		_____	
PARENT'S GUARDIAN'S SIGNATURE		DATE	
<i>THIS AUTHORIZATION GIVEDN PURSUANT TO THE PROVISIONS OF SECTION 25.8 OF THE CIVIL CODE OF CALIFORNIA</i>			

IMMUNIZATION HISTORY
CHILDREN CAN NOT BE ADMITTED WITHOUT RECORDS ON FILE
Are your child's immunization up to date? Yes _____ No _____
Blue Card on file: _____ Child in School ____ (Blue cards should be on file with School Attendance) (Date)
Next immunization due: DTP or DT _____ POLIO _____ MMR _____ CHICKEN POX _____ HIB _____ HEP B _____

HAS YOUR CHILD HAD ANY OF THESE ILLNESSES?	DOES YOUR CHILD HAVE ANY SPECIAL NEEDS?			
YES NO	SUCH AS:	YES	NO	LIST ANY MED, SPECIAL DIETS OR NEEDS
Chicken Pox				Allergies
Diphtheria				Eczema
Measles				Asthma
Meningitis				Diabetes
Mumps				Hypoglycemia
Pneumonia				Other
Rheumatism				
Rubella				
Scarlet Fever				
Strep Infections				
Whooping Cough				
Other				

NAME AND NUMBER OF CHILDS MEDICAL POLICY: _____ # _____	FIELD TRIP AUTHORIZATION: I give <i>Family Matters Child Care Center, Inc.</i> permission to take my child on field trips as part of the program. Some of these trips may be by car. Seat belts and/or car seats will be used. This only applies to children 3 years old and older. SIGNATURE _____	AUTHORIZATION TO LEAVE CARE: <table style="width: 100%;"> <tr> <td style="width: 70%;">NAME/RELATIONSHIP</td> <td style="width: 30%;">PHONE#</td> </tr> <tr> <td>1. _____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> </tr> </table> SIGNATURE _____	NAME/RELATIONSHIP	PHONE#	1. _____	_____	2. _____	_____	3. _____	_____
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2. _____	_____									
3. _____	_____									