

Child Emergency Card

In case of an emergency, Lucky Charms Daycare LLC, has my consent to authorize medical care for

(child's name) _____

Our family physician is: _____

His/Her address is: _____

His/Her telephone number: _____

Our hospital preference is: _____

Allergies: _____

Contact me Immediately at (telephone number) _____

Other emergency contacts (name, relationship to child, and telephone number)

Parent Signature: _____

Address: _____

Telephone: _____