



DISCOVER MAGICAL MOMENTS DAYCARE CENTER

Emergency Data Card 2008

Child's Name _____

Home Address _____

Home # _____

Mother's Name _____

Work Place _____

Work # _____

Father's Name _____

Work Place _____

Work # _____

Emergency Contact Information:

Name _____

Home # _____

Work Place _____

Work # _____

Clinic or Hospital _____

Address _____

Physician _____

Office # _____

Dentist Office _____

Address _____

Dentist Name _____

Office # _____

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

Medical Insurance Company Name _____

Medical Insurance Number _____

Medical Assistance Number _____

Signature of Parent/Guardian _____ Date _____

Child's Age _____ DOB _____

Allergies _____

Immunizations up to date: Yes or No

Last DPT: _____

Other Medical Information: _____

I give permission to Discover
Magical Moments Daycare Center,
Inc.:

To make whatever emergency, (e.g.,
first aid, disaster evacuation)
measures are judged necessary for
the care and protection of my child
while under the supervision of the
School/Center.

In case of a medical emergency, I
understand that my child will be
transported to appropriate medical
facility by the local emergency
unit for treatment if the local
Emergency resource (Police, Rescue
Squad), deems it necessary. The
child will be transported at the
expense of the parent/guardian. This
also includes any and all medical
visits that may accompany the
situation.