



# Child Emergency Card

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency/Alternate Contact \_\_\_\_\_ Phone \_\_\_\_\_

Emergency/Alternate Contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Last DPT \_\_\_\_\_ Allergies \_\_\_\_\_ Meds \_\_\_\_\_

Other Significant Information \_\_\_\_\_

## FIELD TRIPS / TRANSPORTATION

I authorize my child to participate in school-sponsored field trips and be transported for such activities.

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

I authorize my child to be transported to/from school.

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

I authorize my child to be transported to the Get Well Place for care.

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

I give permission to LeafSpring School to provide whatever emergency measures as judged necessary for the care and protection of my child while under their supervision. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource deems it necessary. 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 adult acting on the parent's behalf.

Signature \_\_\_\_\_

Date \_\_\_\_\_