Emergency Contact Card

Child's First Name Last Name M/F Date of birth

Address Telephone number

Doctor's name and telephone number

Allergies or chronic medical conditions: Y or N (if yes, a care plan is required)

In case of an emergency, please call persons listed in order:

Name and telephone number(s) Relationship

Name and telephone number(s) Relationship

Required:

I, _____ authorize Stay & Play to obtain medical care for my child in the event of an emergency and I cannot be located immediately.

Parent signature Date

Parent signature Date

Director's initials: _____ Date received: _____