

**EMERGENCY CARD**

**First Presbyterian Church Child Development Center**

200 W Trade St. Charlotte, NC 28202

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Family Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Employer \_\_\_\_\_ Address/Phone # \_\_\_\_\_

Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Address/Phone # \_\_\_\_\_

Emergency Contact: (1) \_\_\_\_\_ Phone#/Relationship \_\_\_\_\_

Other than parent's: (2) \_\_\_\_\_ Phone#/Relationship \_\_\_\_\_

(3) \_\_\_\_\_ Phone#/Relationship \_\_\_\_\_

**CONSENT FOR TREATMENT**

In case of accident or serious illness, I do hereby certify that, beginning \_\_\_\_\_ (enrollment date). I constitute and appoint First Presbyterian Church Child Development Center, Charlotte, NC my true and lawful attorney for the purpose of authorizing medical treatment and /or the performance of any procedure determined to be necessary by Emergency Medical personnel or family physician for my child.

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Allergies/Problems(Include allergies to any medications) \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature

Director

Date \_\_\_\_\_