

EMERGENCY CARD

PLEASE PRINT

CHILD's NAME _____ D.O.B _____

1st NUMBER TO CALL _____ EMAIL _____

ADDRESS _____ CITY _____ ZIP _____

PARENT _____ CELL _____ CARRIER _____

PARENT _____ CELL _____ CARRIER _____

EMERGENCY (secondary people to be called in an emergency)

<u>Name</u>	<u>Phone #</u>	<u>Relationship to child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OUT OF AREA CONTACT IN CASE LOCAL CALLS CANNOT BE MADE:

IS THERE ANY MEDICAL INFORMATION OF WHICH THE PERSON RESPONSIBLE SHOULD BE AWARE OF?
(Allergy, medication, etc.)

Is the minor covered under a medical insurance plan? YES () NO ()

If so, what is the name of the health insurance company? _____

Policy Number _____

I grant permission to FUMCP to provide/or arrange for medical treatment and/or transportation to an evacuation site and/or medical facility for my child during an emergency or disaster. I grant permission for my child to be released to any of the emergency contacts designated if I am unable to pick them up in an emergency.

Parent name _____

Parent Signature _____ Date _____