

Emergency Contact Card

Child's Name _____
Birthdate _____ Phone # _____
Address _____
Mother's Name _____ Work# _____
Father's Name _____ Work# _____
Names of two people to call in an emergency if parents cannot be reached.
1. _____ Phone# _____
2. _____ Phone# _____
Child's Physician _____ Phone # _____
I hereby give permission to the Starshine Preschool for my child to receive emergency treatment in the event that I cannot be reached.
Signature _____
Date _____

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Child's Name _____
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Names of two people to call in an emergency if parents cannot be reached.
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