

# Nativity Early Learning Center Emergency Card

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Employer \_\_\_\_\_ Employer \_\_\_\_\_

**If you cannot be reached in an emergency, who can assume responsibility for your child:**

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Name of Primary Doctor \_\_\_\_\_ Doctor Phone Number \_\_\_\_\_

Name of Primary Dentist \_\_\_\_\_ Dentist Phone Number \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Date Updated

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date Updated

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date Updated

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Date Updated

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Initials