



2020 - 2021 Contract Year

EMERGENCY AND IDENTIFICATION INFORMATION

* To be completed by parent or legal guardian -Please print clearly *

Child's Name (Last name, First name): _____ Birthdate: _____ Gender: _____

Parent/Guardian #1 Name: _____ E-mail Address: _____

Address: _____ City/Zip: _____

Employer: _____

Wk #: _____ Cell #: _____ Home#: _____

Parent/Guardian #2 Name: _____ E-mail Address: _____

Address: _____ City/Zip: _____

Employer: _____

Wk #: _____ Cell #: _____ Home#: _____

Additional persons to be called in case of emergency. (Your child will not be allowed to leave with any other person(s) without verbal/written authorization from a parent or guardian.) Please notify site prior to release.

Name	Phone #	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physician or Dentist to be called in case of emergency:

Physician Name: _____ Preferred Hospital: _____ Phone #: _____

Address: _____ Medical Plan and Number: _____

Dentist Name: _____ Phone #: _____

Address: _____ Dental Plan and Number: _____

If physician/dentist cannot be reached, what action should be taken? _____

Known Allergies, Medical Limitations or Special Needs: _____

Consent for Medical Treatment. Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent/guardian. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance. *In case of an accident or emergency, I further consent to authorize 4th "R" staff/personnel to arrange transportation to the above named physician or nearest emergency medical facility for treatment and measures as are deemed necessary for the safety and protection of my child, at my expense. The parent/guardian signing this card accepts responsibility for all information above.*

Parent or Guardian Signature: _____ Date: _____