YMCA OF METROPOLITAN MILWAUKEE EARLY CHILDHOOD EDUCATION

EMERGENCY CONTACT CARD CI

Classroom		

Child's Name:		Birtridate:	
Father's Name:	Moth	er's Name:	
Circle one: Single Ma	arried Divorced Separated	Circle One: Single Married Divorce	d Separated
Home Address:		Home Telephone:	
Father's Employer:		Telephone:	
Mother's Employer:		Telephone:	
PICK-UP PERMISSION (Th	e following people are author	rized by me to bring or pick up my child.)	
		Relationship:	
		Relationship:	
		Relationship:	
	Signature of Pa		 Date
	-		
Comments: Please note name	s of persons excluded from pi	ck-ups:	
n the event of a serious accide	ent or emergency, I give perm	nission for my child	
n the event of a serious accide reatment through his/her fam	ent or emergency, I give perm	nission for my child	to receive emergency
n the event of a serious accide reatment through his/her fan Clinic/Doctor's Name	ent or emergency, I give perm nily doctor	nission for my child	to receive emergency
In the event of a serious accide treatment through his/her fam Clinic/Doctor's Name or through a local hos	ent or emergency, I give perm nily doctor : pital emergency facility. I und	nission for my child	to receive emergency
In the event of a serious accide treatment through his/her fan Clinic/Doctor's Name or through a local hos or the emergency red	ent or emergency, I give permily doctor pital emergency facility. I und	nission for my child Address: derstand that this permission is only to b	to receive emergency Phone: ue used when I cannot be reached,
In the event of a serious accide treatment through his/her fam Clinic/Doctor's Name or through a local hos or the emergency rec	ent or emergency, I give permily doctor pital emergency facility. I und	nission for my child	to receive emergency Phone: ue used when I cannot be reached,
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Name:	Address:Address:	Relationship: Relationship:	
Name:			
			Dhone
	Address:	Relationship:	
CK-UP PERMISSION (7	The following people are author	rized by me to bring or pick up my child.)	
other's Employer:		Telephone:	
		Telephone:	
		Home Telephone:	
Circle one: Single M	Married Divorced Separated	Circle One: Single Married Divorced	l Separated
ther's Name:	Moth	er's Name:	
ild's Name:		Birthdate:	
		N MILWAUKEE EARLY CHILDHOOD EDUC	CATION Classroom
In case of emerg	ency, I give the Early Childhoo	d Education Center permission to transp	port my child. [_] Yes [_] No Date
Name:	Address:	Relationship:	Phone
		Relationship:	
	Address:	Relationship:	Phone
MERGENCY CONTACT an emergency.)	PERSONS (The following peo	ple are authorized by me to be contacted	and/or bring or pick up my child in c
or the emergency r	equires immediate attention.		
or through a local h	ospital emergency facility. I un	derstand that this permission is only to be	e used when I cannot be reached,
Clinic/Doctor's Nam	ne:	Address:	Phone:
atment through his/her fa		nission for my child	to receive emergenc
the event of a serious acci			