

Emergency Card

Child name: _____
 First Middle Last

Birth Date : _____
 mm/day/year Name of parent/ guardian

Home address: _____
 street City/ State / ZIP

Home Phone: _____
 Cell Work Phone

Doctor's Name: _____
 Name Office Phone

Hospital Preference : _____
 Hospital Address

Other person to contact in case of emergency (not parent or guardian)

• Name: _____ Relation to the student _____

Telephone / cell : _____

• Name: _____ Relation to the student _____

Telephone / cell : _____

• Blood Type : _____

	YES	NO
Allergies		
Diabetic		
Asthmatic		
condition		
Epiletic		

Please list allergies: _____

Medicines: _____

I authorize Studio Kids to take my son/ daughter to _____ hospital in case of an emergency

