

**The "I Can Do It" Learning Center
Emergency Contact Information**

Child's Name: _____ **Birthday:** _____

Parent or Guardian #1 Name: _____
Home phone# _____ work phone# _____ cell # _____

Emergency contacts (to whom my child may be released if parent/guardian is unavailable)

Name #1
_____ Home# _____ work# _____

Name #2
_____ Home# _____ work# _____

Child's usual source of medical care:
Name: _____ phone# _____
Address: _____

Child's health insurance:
Name of insurance plan: _____ ID# _____
Subscriber's name (on insurance card): _____



Medical Information:

Special conditions, disabilities, allergies, medications or medical information for emergency situations: _____

Transport arrangements in an emergency situation:
Ambulance service: _____
Child will be taken to: _____
Parents/guardians are responsible for all emergency transportation charges.

Parent/Legal Guardian Consent and Agreement for Emergencies:
As the parent/guardian, I give consent for my child to receive first aid by the "I Can Do It" Learning Center staff, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges. I give consent for the emergency contact person listed above to act on my behalf until I'm available.

Parent/Legal Guardian #1 _____ Date: _____
Parent/Legal Guardian #2 _____ Date: _____