Appletree Day Care, Inc. & Appletree Child Development Center, Inc.

Emergency Information Card

Child' Name: _____DOB_____

Mother/Guardian Name: _____Home Phone_____
Email: _____ Work Phone_____

Father/Guardian Name: _____ Home Phone_____
Email: _____ Work Phone_____

Hospital Preference: _____

Child's Physician: _____ Phone # _____

Insurance Carrier: _____ Policy # _____

If neither mother nor father (or guardian) cannot be contacted, please call:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Email: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Email: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Email: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Email: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

_____

Parents Signature Date

Revised 7/21/2017