



# Hourly Childcare

## Emergency Card

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

I understand that no emergency treatment may be given without informed parental consent except in a life-threatening situation. I agree to keep on file at Calvary Hourly Child Care Center telephone numbers where a parent or parent designated responsible adult can be promptly reached in case of emergency. I will update these telephone numbers as necessary. In case of an emergency while my child is in attendance at the center, I understand that this procedure will be followed.

**1. Calvary Hourly Child Care Center will contact parent(s):**

Parent's Name _____	Parent's Name _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell phone _____	Cell phone _____

**2. If parent(s) are not available in an emergency, Calvary Hourly Child Care Center will contact one of these parent designates for medical authorizations: must be local. (DHS Mandate)**

A. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
(name) (Street, City, Zip)

B. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
(name) (Street, City, Zip)

*Continue on back*

**3. Calvary Hourly Child Care Center will arrange for emergency transportation if necessary. This is at the expense of the family.**

If emergency personnel deem it necessary, my child should be transported to \_\_\_\_\_ Phone \_\_\_\_\_, or nearest medical facility, North Memorial.  
(Preferred Hospital name)

**4. Calvary Hourly Child Care Center may contact my child's health care providers:**

Medical Care Provider _____ (name)	Address _____ (Street, City, Zip)
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Phone Number _____	Insurance Company/Policy # /ID _____
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Dental Care Provider _____ (name)	Address _____ (Street, City, Zip)
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Phone Number _____	Insurance Company/Policy # /ID _____
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Medications or Allergies \_\_\_\_\_

We must have a completed Action Plan on file with us at time of enrollment for documented Food Allergies.

**I authorize Calvary Hourly Child Care Center to follow this emergency procedure.**

\_\_\_\_\_  
Signature of Parent(s)

\_\_\_\_\_  
Date