

*Little Victories Flexible Child Center -- Emergency Card*

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father : \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

*Authorized Pick-Up/ Emergency Contacts: (other than parents or physicians)*

Name \_\_\_\_\_ Address \_\_\_\_\_

Phones: h) \_\_\_\_\_ C) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phones: h) \_\_\_\_\_ C) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Fold Line

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

I give permission to Little Victories Child Care to make whatever emergency (e.g. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the center.

In case of medical emergency, I understand that my child will be transported to the nearest medical facility by the local emergency unit for treatment if the local emergency resource, (police, rescue squad), deems it necessary. The child will be transported at the parents' expense. It is understood that in some medical situations, Little Victories will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.