

# Emergency Information

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

PHYSICIAN: \_\_\_\_\_ or HOSPITAL: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

In the event I cannot be reached, I authorize Good Shepherd to secure any and all necessary emergency medical care for the safety and well-being of my child. I assume any applicable costs for emergency care after relevant insurance coverage is applied.

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

-----  
List any special problems that your child may have, such as allergies, existing illness, injuries, and hospitalizations during the last 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

(NA, if not applicable) \_\_\_\_\_

\_\_\_\_\_ (additional sheet if necessary)

# Contact Information

Emergency Contact

Permission to pick up my child

\_\_\_\_\_  
Name Relationship  
\_\_\_\_\_  
Address City, State, Zip Phone #1 Phone #2

\_\_\_\_\_  
Name Relationship  
\_\_\_\_\_  
Address City, State, Zip Phone #1 Phone #2

\_\_\_\_\_  
Name Relationship  
\_\_\_\_\_  
Address City, State, Zip Phone #1 Phone #2

\_\_\_\_\_  
Name Relationship  
\_\_\_\_\_  
Address City, State, Zip Phone #1 Phone #2