

EMERGENCY CARD
ABC Children's Center at San Diego
Emergency Medical Information

Child's Name	First	Last	Birth Date
Address	Street	City/State	Zip Code
			<i>Specify Allergy/Asthma</i>
			authorize posting <input type="checkbox"/>
Mother/Guardian's Name (and home address if different from above)			Mom's Home #:
Mother's Work Name and Address:		Mom's drivers license #	Mom's Work #:
		Mom's Cell #:	Mom's SSN:
Father/Guardian's Name (and home address if different from above)			Dad's Home #:
Father's Work Name and Address:		Dad's drivers license #	Dad's Work #:
		Dad's Cell #:	Dad's SSN:
Child's Physician's and Phone #:		Health Insurance & Policy #	

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Father/Guardian's Name (and home address if different from above)			Dad's Home #:
Father's Work Name and Address:		Dad's drivers license #	Dad's Work #:
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Child's Physician's and Phone #:		Health Insurance & Policy #	

Additional Persons Authorized to Pick up Child

Name:	Relationship	Home #	Cell #:	Driver's License #
		Work #		
Name:	Relationship	Home #	Cell #:	Driver's License #
		Work #		
Name:	Relationship	Home #	Cell #:	Driver's License #
		Work #		

Persons to Notify in Case of Emergency or Illness

Name:	Relationship	Home #	Cell #:	Driver's License #
		Work #		
Name:	Relationship	Home #	Cell #:	Driver's License #
		Work #		
Name:	Relationship	Home #	Cell #:	Driver's License #
		Work #		

I hereby authorize appropriate emergency medical personnel to treat the above named child. If none of the above named persons can be contacted or if the illness or injury is such that, in the opinion of the person in charge, emergency medical care should be obtained without delay. Child will be transported by ambulance to Pomerado Hospital unless otherwise notified by parent. I also agree to accept responsibility for the cost of the medical services.

Parent/Guardian's Signature: _____

Date: _____

Additional Persons Authorized to Pick up Child

Name:	Relationship	Home #	Cell #:	Driver's License #
		Work #		
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		Work #		
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