

# EMERGENCY CARD

# NEW HORIZON Academy

CHILD'S NAME		BIRTH DATE	
ADDRESS	CITY	STATE	ZIP

PARENT/GUARDIAN		PHONE NUMBERS	
1	Work:	Cell:	Home:
2	Work:	Cell:	Home:

**THE FOLLOWING INFORMATION IS REQUIRED BY THE DEPARTMENT OF HUMAN SERVICES**

## EMERGENCY CONTACT/AUTHORIZED PICK UP

**\*(MUST BE DIFFERENT FROM PARENT/GUARDIAN)**

1	NAME		
	RELATIONSHIP	PHONE NO.	
	ADDRESS	CITY	STATE
2.	NAME		
	RELATIONSHIP	PHONE NO.	
	ADDRESS	CITY	STATE
PHYSICIAN		PHONE NO.	
ADDRESS	CITY	STATE	ZIP
PREFERRED HOSPITAL			
ALLERGIES			
DENTIST		PHONE NO.	
ADDRESS	CITY	STATE	ZIP
MEDICATIONS			
OTHER SIGNIFICANT MEDICAL INFORMATION			

I give permission to New Horizon 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 a medical/dental emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

By signing this form, I authorize New Horizon to release any information pertaining to my child to persons listed as an emergency contact or authorized pick up.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT OR GUARDIAN