

Nativity Early Learning Center Emergency Card

Child's Name: _____ Birthdate: _____

Parent/Guardian Name: _____ Parent/Guardian Name _____
Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Employer _____ Employer _____

IN CASE PARENT(S) CANNOT BE REACHED IN AN EMERGENCY CALL:

Name _____ Name _____

Phone _____ Phone _____

Address _____ Address _____

Name of Family Physician _____ Physician Phone Number _____

Name of Family Dentist _____ Dentist Phone Number _____

Allergies _____

Parent/Guardian Signature: _____ Date _____

Date Updated	Initials	Date Updated	Initials	Date Updated	Initials	Date Updated	Initials
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