



ESCUELA VIVA Emergency Card

Child's Name _____

Birth date _____

Address _____ City _____ Zip _____

Parent/Legal Guardian Contact Information - Please list the most available parent as parent one as they will be contacted 1st in the case of an emergency or for general reference.

	Parent One	Parent Two
Home Phone		
Work Phone		
Cell Phone		
Home Address		
Work Address		

Local Emergency Contact Information

	Emergency Contact 1	Emergency Contact 2
Name		
Home Phone		
Work Phone		
Cell Phone		
Home Address		
Work Address		
Relationship		

Out of State Emergency Contact Information

	Emergency Contact 1	Emergency Contact 2
Name		
Home Phone		
Work Phone		
Cell Phone		
Home Address		
Work Address		

Medical Contact Information

	Primary Physician	Dentist
Name		
Phone Number		
Address		
	Medical Information	
Medication Or Allergies		
Significant Medical History		
Medical Insurance Company		
Policy # ID		

In the event of an emergency I give permission for Escuela Viva staff to call an ambulance or to take my child to any available physician or hospital and to obtain medical treatment for my child. In most emergencies, 911 is called and the child is transported to the nearest hospital and seen by the Dr. on call and parents are notified. I take full financial responsibility for transportation and treatment costs.

(Parent's Printed Name)

(Parent Signature)

(Date)