

WHIZ KIDS LEARNING CENTER EMERGENCY CARD

2019/2020 SCHOOL YEAR

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
number, street, town, zip code)

|                    |                    |
|--------------------|--------------------|
| PARENT INFORMATION | PARENT INFORMATION |
| NAME: _____        | _____              |

|                  |       |
|------------------|-------|
| WORKPLACE: _____ | _____ |
|------------------|-------|

|                   |       |
|-------------------|-------|
| WORK PHONE: _____ | _____ |
|-------------------|-------|

|                   |       |
|-------------------|-------|
| HOME PHONE: _____ | _____ |
|-------------------|-------|

|                   |       |
|-------------------|-------|
| CELL PHONE: _____ | _____ |
|-------------------|-------|

(IN WHICH ORDER SHOULD WE CALL IF WE NEED TO REACH YOU?)

|  |        |                        |
|--|--------|------------------------|
| IF PARENTS CANNOT BE REACHED, CONTACT: |        |                        |
| NAME:                                  | PHONE: | RELATIONSHIP TO CHILD: |

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

IN CASE OF AN EMERGENCY I AUTHORIZE WHIZ KIDS STAFF TO PROVIDE FIRST AID AND TRANSPORT MY CHILD TO CAPE COD (OR NEAREST) HOSPITAL. I UNDERSTAND THAT I WILL BE CONTACTED IMMEDIATELY.

CHILD'S PHYSICIAN  
OR CLINIC: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD'S ALLERGIES: \_\_\_\_\_

|   |                        |
|---|------------------------|
| I AUTHORIZE THE FOLLOWING PERSON(S) TO PICK UP MY CHILD FROM WHIZ KIDS: |                        |
| NAME:   | RELATIONSHIP TO CHILD: |

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I WILL CALL AHEAD TO LET WHIZ KIDS KNOW, WHEN A PERSON OTHER THAN THE PARENT(S) IS PICKING UP MY CHILD. IF A PERSON NOT ON THE LIST IS PICKING UP I WILL PROVIDE A NOTE TO WHIZ KIDS.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)