

PRINCE OF PEACE EARLY EDUCATION CENTER STUDENT EMERGENCY CARD

_____ Child's Last Name _____ First Name

Date of Birth _____ Gender _____

Parent or Guardian _____
Last Name First Name-father or stepfather mother or stepmother

Address _____ City _____ State & Zip _____

Home Phone # _____ Father work # _____ Mother work # _____

Father cell# _____ Mother cell # _____

Please list name, address, phone # of the child's parent living at a different address if they are to be called in case of emergency/or responsible for tuition:

List two neighbors, friends, or nearby relatives who will ASSUME TEMPORARY CARE of your child if you cannot be reached:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

List two persons other than yourself and your spouse AUTHORIZED TO PICK UP YOUR CHILD:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

HEALTH INFORMATION: List any health conditions such as heart disease, diabetes, eye or ear problems, epilepsy, severe allergies or any chronic conditions, etc. Explanation—

Doctor: _____ Phone: _____

Dentist/Orthodontist: _____ Phone: _____

Hospital choice: _____

I, the undersigned, do hereby authorize officials of Prince of Peace EEC to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency for health of said child. In the event physicians, other than persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in this judgement for the health of aforesaid child.

Signature of Parent or Guardian _____ Date _____

(Seal) Notarized by: _____ Date _____

My appointment expires: _____

State of Kansas
County of: _____