



# Medical Emergency Card

Child's Name \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Doctor \_\_\_\_\_ Dentist \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Insured by \_\_\_\_\_ Policy \_\_\_\_\_

I hereby authorize my provider \_\_\_\_\_ to secure medical or dental treatment in the event of an emergency.

Parent's Signature \_\_\_\_\_