

CHILD MAY NOT LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION. Other than parent/guardian, person authorized to take child from center.

Name _____ Relationship _____

Name _____ Relationship _____

Kaiser Number _____

Insurance _____
carrier _____ number _____

PERMISSION TO TAKE CHILD TO THE DOCTOR:

If designated Doctor or Dentist is not available, can we call any licensed doctor? Yes _____ No _____

I authorize the child care provider to arrange transportation in case of emergency or acute illness and to arrange for possible medical emergency medical and/or surgical care at (1) the closest hospital available in case of dire emergency or (2) the hospital of parents choice. It is understood that conscientious effort must be made to notify me or _____ before such action is
name _____ phone _____

taken, but if impossible to locate me or the above person, the uninsured expense of this service will be accepted by me.

Parent's Signature: _____ Date: _____ / _____ / _____

Home Phone: _____ Business Phone: _____
(OVER)

BUSY BEE CHILD EMERGENCY CARD

Child's Name _____ Birthdate _____ / _____ / _____

Mother: _____
name _____ employer & employer address _____

home address _____ city _____ st _____ zip _____ home phone _____ business phone _____

Father: _____
name _____ employer & employer address _____

home address _____ city _____ st _____ zip _____ home phone _____ business phone _____

ADDITIONAL PERSONS TO BE CALLED IN EMERGENCY:

1. _____ 2. _____
name _____ phone _____ name _____ phone _____

Physician: _____
name _____ phone _____ address _____

Dentist: _____
name _____ phone _____ address _____

Special Problems: (allergies, medications, convulsions, cardiac defect, asthma, etc.)

Date of last tetnus: _____ / _____ / _____
(OVER)