



Child Emergency Card

Child Name _____ DOB _____ Gender M F

Parent Name _____ Phone _____ Phone _____

Address _____ City _____ Zip Code _____

Parent Name _____ Phone _____ Phone _____

Address _____ City _____ Zip Code _____

Important information: _____

Alternative Emergency Contact

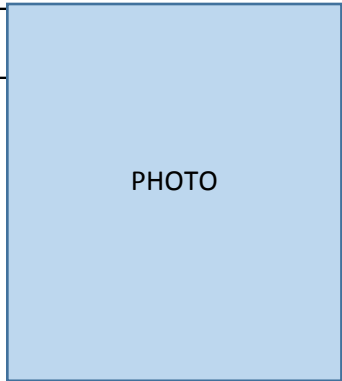
(Cannot be parent or guardian)

Name _____ Relationship _____

Phone _____ City & State _____

Name _____ Relationship _____

Phone _____ City & State _____



Medical Information

Doctor _____ Clinic _____

City/State _____ Phone _____

Dentist _____ Clinic _____

City/State _____ Phone _____

ALLERGIES _____

Special Health Conditions _____

Transport Arrangement in an Emergency Situation (Hospital) _____

As the parent/legal guardian, I give consent to have my child receive first aid by the child care staff and receive first aid and emergency medical treatment by emergency personnel, and to be transported to receive emergency treatment if necessary. I understand that I will be responsible for all charges not covered by my insurance. I give consent for the emergency contact persons listed above to act on my behalf until I am available. ***I agree for Lighthouse Explorers staff to apply Sunscreen to my child 30 minutes before going outside during the spring, summer and fall months.** Sunscreen will NOT be applied to children under 6 months of age. Lighthouse Explorers will use a Broad-spectrum sunscreen with an SPF of 30 or higher. I agree to review and update this information whenever a change occurs and at least once a year.

Parent/Legal Guardian Signature _____ Date _____