

### Stepping Stones Emergency Card

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender M / F

Address \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Mother's Name \_\_\_\_\_ Contact No. \_\_\_\_\_

Mother's Place of Work \_\_\_\_\_

Father's Name \_\_\_\_\_ Contact No. \_\_\_\_\_

Father's Place of Work \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact No. \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Family Doctor \_\_\_\_\_ Care Card No. \_\_\_\_\_

**It is the preschool policy to notify a parent when a child is in need of medical attention. If we are unable to contact a parent, and we need to get immediate medical help, our procedure is to have the child taken to the nearest emergency medical center by ambulance. The ambulance fee is the parent's responsibility. If an ambulance is not available, our staff will transport the child. Please sign this form stating that we have your permission to phone a medical practitioner or ambulance if a medical emergency should occur**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Father's Place of Work \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact No. \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

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