EMERGENCY PROCEDURE CARD

CILL	S NAME	PHONE
ADDRE	SS	
	In case of emergency, illness, o is authorized to proceed as indi	r accident to the child named above, the school cated below.*
()	Contact father at	ress Phone
()	Contact mother at	
()	Contact family physicianNan	ne Phone
()	Take Child to emergency hospital	
()	Take Child to any licensed physic	ian
()	Other desired procedures	
CICNIA	ELIDE of	
	ΓURE of nt or guardian	Date
		Over)
Person	who might be contacted if neither p	arent can be reached:
	Name	Phone
Family	Dentist	
		Phone
List any	allergies or other medical condition	ns that should be noted:
	went I cannot be reached in an a	mergency, I hereby give permission to the
attendir	ng physician to hospitalize, secur sia or surgery for my child.	e proper treatment, and to order injections,