

Rainbow Daycare Emergency Card

Child's Name:	Date of Birth:	Home Phone:
Mother / Guardian Name:	Phone Numbers:	Home Address:
	Work: Home: Cell:	
Father / Guardian Name:	Phone Numbers:	Home Address:
	Work: Home: Cell:	
	Work Hours	E-mail Address
Mother		
Father		
<p>Please list at least two (2) emergency names and numbers (including area codes):</p> <p>1) _____</p> <p>2) _____</p>		
<p>Medical Problems or Allergies:</p> <p>_____</p> <p>_____</p> <p>_____</p>		
Physician (name and phone number):	Medical Insurance Provider:	Insurance Policy Number:
<p>Name of persons authorized to take child from the facility. If more space is needed, please use the reverse of this page, and initial by each name. If you wish to include photos, please tape to this page or reverse.</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>This form was completed by (relationship to child): _____</p> <p>Signature: _____ Date: _____</p>		