

Our Lady of Joy Catholic Preschool & Kindergarten
Emergency Contact Card #1

Child's Full Name: _____ DOB: _____

Street Address: _____

Mother's Name: _____

Phone Number: () _____ Email: _____

Phone Number: () _____

Father's Name: _____

Phone Number: () _____ Email: _____

Phone Number: () _____

Allergies to Medications and/or Any Medication Taken Daily:

Allergies:

Medications:

List any medical conditions of which medical personnel should be aware:

Child's Doctor: _____ Phone Number: _____

(MORE INFO ON NEXT PAGE)

Back of Card #1

In the event of a medical emergency, Our Lady of Joy Roman Catholic School will call 911 and have your child transported by ambulance to the nearest hospital emergency room.

In the event of an illness or injury, parents should be called in the following order:

1st _____ 2nd _____

If the school is unable to contact a parent, the following persons should be called.

Those listed have permission to pick up our child in the event of illness or injury.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Parent/Guardian Signature :

Printed Name:

Date: _____