

ANNUAL IDENTIFICATION & EMERGENCY INFORMATION CARD

Name of Child: _____ Birthdate: _____
Address: _____
Father's Name _____ Mother's Name _____
Home Number: _____ Home Number: _____
Place of Employment: _____ Place of Employment: _____
Work Number: _____ Work Number: _____
Cell Number: _____ Cell Number: _____
Child's Physician: _____ Physician's Phone #: _____
Hospital Preference _____ Medical Information (allergies, routine medications etc.): _____

OTHER PERSONS TO BE NOTIFIED & ARE GRANTED PERMISSION TO PICK UP IN CASE OF ILLNESS/ ACCIDENT:

Name: _____ Name: _____
Address: _____ Address: _____
Phone #: _____ Phone: _____

Please list additional persons allowed to pick up your child on the back side of this form.

I agree that a Grandma's Kidz employee may authorize the physician of his/her choice to provide emergency medical care in the event that neither I nor any of the people listed on the front of this form can be located immediately.

Signature: _____ Date: _____