

# 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 Preferences: \_\_\_\_\_ Medication Information (Allergies, routine medication, etc.):  
\_\_\_\_\_

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

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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