

La Luz Early Childhood Center
Emergency Information and Pickup Authorization

For: _____ **DOB:** _____

Medical Information (*please print*)

Doctor's name Telephone

Preferred Medical Facility Telephone

Dentist's name Telephone

List any allergies including food allergies

List any medical or behavioral concerns of which the school should be aware

Medical or behavioral concerns continued

List any medications

List any dietary restrictions

Emergency Information (*please print*) **THESE SHOULD BE LOCAL CONTACTS IF POSSIBLE**

Name of 1st emergency contact (other than parent) Telephone

Address City State Zip

Name of 2nd emergency contact (other than parent) Telephone

Address City State Zip

Pick Up Authorization (*please print*)

1st person with whom my child may be released 2nd person with whom my child may be released

3rd person with whom my child may be released 4th person with whom my child may be released



Releases

I (or we) hereby assume all responsibility for any and all costs involved in taking _____
(child's name)
to the hospital, clinic, or physician in case of an emergency. I (or we) hereby grant permission for any emergency
first aid treatment in the event of sickness or injury. Furthermore, I (or we) understand that is my (or our)
responsibility to keep all of the information on this card current.

Parent or Guardian's signature

Date