

KUMC Children's Day Out Emergency Card

Child's Name _____ Telephone _____
(Last) (First) (Middle)

Home Address _____ Zip _____ Date of Birth _____

Father's Name _____ Phone (work) _____ (cell) _____

Mother's Name _____ Phone (work) _____ (cell) _____

Allergies (Food/Medications) _____

If parents cannot be reached, name two persons to call in case of emergency:

Name _____ Phone _____

Name _____ Phone _____

Child's Physician _____ Phone _____