

**MUMC Circle of Friends
EMERGENCY INFORMATION CARD 2016-2017**

Child's Name _____

Date of Birth ____/____/____

Address _____
(street) (city) (zip)

Home Phone (____) _____

Mother's Name _____

Cell Phone (____) _____

Father's Name _____

Cell Phone (____) _____

IN CASE OF EMERGENCY CALL

Name _____ Relationship to Child _____ Cell (____) _____ Home (____) _____
(other than parent)

HOSPITAL/DOCTOR EMERGENCY PREFERENCE

Hospital Preference _____

Doctor/Clinic _____

Phone _____

Dentist _____

Phone _____

Allergies _____

I understand that in case of an accident or injury to my child, I will be notified immediately. In the event of a medical emergency, my child will be taken to the preferred hospital listed above or the nearest hospital.

Date _____

Signature _____