Kiwanis Day Care Center
71 Washington Avenue
Huntington, WV 25701
(304) 525-8701

Emergency Information Record

Child's Name:_____ Date of Birth:_____
Address:_____

Mother:_____ Home Phone:_____
Address:_____
Employer:_____ Phone:_____
Address:_____

Father:_____ Home Phone:_____
Address:_____
Employer:_____ Phone:_____
Address:_____

Person(s) To Contact if Parents are Unavailable

1st Contact:_____ Relation to Child:_____
Address:_____ Phone:_____

2nd Contact:_____ Relation to Child:_____
Address:_____ Phone:_____

Child's Physician:_____ Phone:_____
Address:_____
Child's Dentist:_____ Phone:_____
Address:_____
Hospital Preference:_____ Phone:_____
Address:_____

In the event that I cannot be reached, I hereby give my permission for my child to receive any necessary emergency medical care or treatment. I understand that every effort will be made to contact me or my spouse before such action is taken. I will be responsible for the payment for such care or treatment.

Date:_____ Signature of Parent:_____