



**ESCUELA VIVA  
Emergency Card**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Legal Guardian Contact Information** –Please list the most available parent as parent one as they will be contacted 1<sup>st</sup> in the case of an emergency or for general reference.

Parent One \_\_\_\_\_ Parent Two \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Address \_\_\_\_\_  
\_\_\_\_\_  
Work Address \_\_\_\_\_ Work Address \_\_\_\_\_  
\_\_\_\_\_

**Local Emergency Contact Information**

Name \_\_\_\_\_ Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ CellPhone \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Address \_\_\_\_\_  
\_\_\_\_\_  
Work Address \_\_\_\_\_ Work Address \_\_\_\_\_  
\_\_\_\_\_  
Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

**Out of State Emergency Contact Information**

Name \_\_\_\_\_ Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Medical Information**

Primary Physician \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ Medications or  
Allergies \_\_\_\_\_  
Significant Medical History \_\_\_\_\_  
\_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_ Policy # ID \_\_\_\_\_

In the event of an emergency I give permission for Escuela Viva staff to call an ambulance or to take my child to any available physician or hospital and to obtain medical treatment for my child. In most emergencies, 911 is called and child is transported to the nearest hospital and seen by the Dr. on call and parents are notified. I take full financial responsibility for transportation and treatment costs.

\_\_\_\_\_  
Parents Signature Date