

EMERGENCY CARD

AUTHORIZATION FOR ANOTHER TO CONSENT TO TREATMENT OF CHILD as parent or legal guardian of:

CHILD'S NAME _____ BIRTHDATE _____

In the event that parent/legal guardian cannot reasonably be located when medical treatment is necessary, I hereby authorize a staff member of Portland Community College Child Development Center to call an ambulance or take my child to a medical treatment facility for such treatment as deemed advisable. Effective dates of above authorization shall be:

_____ to _____
(Starting Date) (Ending Date)

Print Name: _____ Signature: _____
(Parent/Legal Guardian) (Parent/Legal Guardian)

Home Address: _____ Phone: _____
_____ Cell: _____
(City) (Zip)

Emergency Contact: (print name) _____ Relationship: _____

Home Address: _____ Phone: _____
_____ Cell: _____
(City) (Zip)

Family Physician: _____ Phone: _____

Health Insurance Co: _____ Group: _____

Family Dentist: _____ Phone: _____

Allergies: (Include Food, Medications, Bee Stings, etc.) _____

Medical Conditions: _____

Current Medications: _____

Date of last tetanus (DPT/DT) _____

Other adult(s) to pick up child if parents/guardian cannot be located. List in order of preference.

Name _____ Phone _____ Phone _____
Name _____ Phone _____ Phone _____
Name _____ Phone _____ Phone _____
Name _____ Phone _____ Phone _____

Family Permissions

I give permission for my child to be photographed and/or videotaped for publicity at PCC. Yes No
I give permission for my child to be photographed and/or videotaped for instructional purposes at PCC. Yes No
I give permission for my child to participate in field trips on the PCC Sylvania Campus. Yes No
I give permission for my child to use sunscreen when necessary. Yes No
I give permission for my child to use diaper cream when necessary. Yes No
Brand Name: _____ Expiration Date: _____

Emergency Transport Permission

I give permission for PCC Child Development Center to transport my child _____,
to an emergency relocation center when it is unsafe to remain at the child care facility. I understand that normal safety
rules will be followed, as much as possible, but that the highest priority is to relocate to a safe location. This agreement
shall remain in effect until _____ (date). The agreement may be terminated before this date by either
party but only with written notification. I give emergency transportation permission: Yes No

Special considerations for emergency transportation: _____

In case of emergency:

Cell Phone _____ Permission to text
Work Phone _____ Permission to call
Email: _____ Permission to email