

I hereby give consent for my child to appear in photographs taken and used by Quality Care for Kids, in publication(s)/media and whatever ways they may desire, including audiovisual productions, television and electronic transmissions. I am of legal age, have the right to contract for the minor, and freely sign this release, which I have read and understood.

7. PHOTO RELEASE

In the event of emergency, accident or illness, when I cannot be contacted, I hereby authorize the staff of Quality Care for Kids to make whatever arrangements are necessary for examination, diagnosis or emergency treatment. I understand that I will be responsible for any expenses incurred.

6. PERMISSION FOR MEDICAL TREATMENT

5. DATE OF LAST TETANUS IMMUNIZATION

4. SPECIAL HEALTH PROBLEMS (ALLERGIES, MEDICATIONS)

3. FAMILY INFORMATION

DOCTOR'S NAME _____
 INSURANCE CARRIER _____
 DENTIST NAME _____
 INSURANCE CARRIER _____
 PHONE NUMBER _____
 INSURANCE NUMBER _____
 PHONE NUMBER _____
 INSURANCE CARRIER _____
 INSURANCE NUMBER _____

QUALITY CARE FOR KIDS

EMERGENCY CARD

1. FAMILY INFORMATION

CHILD'S NAME _____
 ADDRESS _____

BIRTH DATE _____
 PHONE NUMBER _____

MOTHER'S / GUARDIAN'S NAME _____
 MOTHER'S / GUARDIAN'S EMPLOYER _____
 MOTHER'S / GUARDIAN'S E-MAIL _____

CELL NUMBER _____
 WORK NUMBER _____

FATHER'S / GUARDIAN'S NAME _____
 FATHER'S / GUARDIAN'S EMPLOYER _____
 FATHER'S / GUARDIAN'S E-MAIL _____

CELL NUMBER _____
 WORK NUMBER _____

2. PERSONS AUTHORIZED TO TAKE CHILD FROM THE CENTER IN CASE OF INJURY OR ILLNESS

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____