

GOOD SHEPHERD CHILDREN'S CENTER
3139 COUNTY RD. - ROUTE 516
OLD BRIDGE, NEW JERSEY 08857
732-679-8887 (P)

EMERGENCY CARD

Child's Name _____ Birth date _____ Session _____

Address _____
STREET TOWN ZIPCODE

E-Mail address _____

*Allergies if any _____

Mother or Guardian _____ Home Phone _____

Employer _____ Business Phone _____

Occupation _____ Cell phone _____

Father or Guardian _____ Home Phone _____

Address (if different than child's) _____

Employer _____ Business Phone _____

Occupation _____ Cell phone _____

Persons* to be called in Case of Emergency: (If unable to contact parent/guardian)

Name _____ Relationship _____

Address _____ Telephone _____

Name _____ Relationship _____

Address _____ Telephone _____

Child's Physician _____ Telephone _____

Emergency Hospital Preference _____

In an emergency, the Good Shepherd Staff member in charge has my permission to administer first-aid/or secure medical treatment for my child.

Parent or Guardian's Signature _____

* Emergency contact (other than parent) must be listed on the Child Release Authorization Form