

**NORTHERN DOOR CHILDREN'S CENTER
EMERGENCY INFORMATION**

photo
here

Child's Name _____ D.O.B. _____
Home Address _____ Home Phone _____
City _____ Zip _____
Parent/Guardian _____ Home Phone _____
Relationship _____ Work Phone _____
Parent/Guardian _____ Home Phone _____
Relationship _____ Work Phone _____
Allergy/Medical Information: _____

Others to whom my child may be released:

1. _____ Home Phone _____ Work Phone _____
2. _____ Home Phone _____ Work Phone _____
3. _____ Home Phone _____ Work Phone _____

By signing this consent form I am authorizing emergency medical personnel to administer emergency treatment to my child in the event of my absence.

Parent/Guardian Signature Date email address

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