



Sequoia's Treehouse Preschool Emergency Information Card

(Both sides and ALL information must be completed to provide care)

Child's Name _____ Birthdate _____

Child's Home Address _____ Zip Code _____ Phone _____

Parent/Guardian Names _____ Child lives with _____

Mother's Address _____ Zip Code _____

Place of employment _____ Work Phone _____

Email _____ Cell Phone _____

Father's Address _____ Zip Code _____

Place of employment _____ Work Phone _____

Email _____ Cell Phone _____

Emergency contact (other than parent):

Name _____ Home Phone _____ Work/Cell _____

Address _____ Zip Code _____ Phone _____

Name _____ Home Phone _____ Work/Cell _____

Address _____ Zip Code _____ Phone _____

Person's authorized to pick up Child:

Name _____ Home Phone _____ Work/Cell _____

Address _____ Zip Code _____ Phone _____

Name _____ Home Phone _____ Work/Cell _____

Address _____ Zip Code _____ Phone _____

Name _____ Home Phone _____ Work/Cell _____

Address _____ Zip Code _____ Phone _____

Child's Physician _____ Address _____ Phone _____

Medical Insurance Plan: _____ Group/ID#ID #: _____ Holder's ss# _____

Date of last physical exam _____ Allergies/Health Concerns: _____

Dentist _____ Group/ID# _____

Phone _____ Date of last dental exam _____

Comments: _____

In the event that I cannot be contacted, I authorize Sequoia's Treehouse Preschool to seek medical care for my child _____ in the event of illness or injury. I further consent to medical, surgical, and hospital care; including but not limited to any treatment and procedures to be performed for my child by a licensed physician or hospital deemed necessary or advisable to safeguard my child's health. I hereby agree to the above conditions and agree to hold Sequoia's Treehouse, LLC harmless in the event of accident or injury to my child while he/she is participating in the program or because of any accident or injury caused by the medical care listed above.

Legal Guardian

Signature: _____ **Date** _____