

Meadow Brook Child Development Center

**Emergency Preparedness Plan
Emergency Card**

Meadow Brook Child Development Center

Child's Name: _____ Date of birth: _____

Address: _____

Email Address: _____

Lives with: Mother
 Father
 Both
 Other: _____

Complete as appropriate:

Mother's Name: _____ Home Phone: _____

Work Phone: _____

Father's Name: _____ Home Phone: _____

Work Phone: _____

Guardian's Name: _____ Home Phone: _____

Work Phone: _____

If an emergency occurs and you cannot be reached, an out of area contact may be necessary.
Please provide the following information.

Name: _____ Phone(s): _____

Address: _____

Individuals allowed to pick up child: _____

Medical Conditions: _____

Medications: _____

Physician: _____ Phone: _____

Permission statement releasing medical authority to facility director;

Insurance: _____ Policy No: _____ Group No: _____

Hospital preference: _____

Signature of Parent/guardian: _____ Date: _____