

CBTS EMERGENCY CONTACT CARD

Child's Last Name	First	Birthdate

Child's Address	Phone #

Parents or Legal Guardian	Phone	Bus. Phone	Beeper/Cell

Persons Authorized To Take Child From Our Facility	
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| 1. | 2. |
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Persons To Be Contacted Who Are Authorized To Take The Child In Case of Illness, Accident or Emergency	
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|----|--------|
| 1. | Phone# |
| 2. | Phone# |

Physicians	
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|---------------|---------|
| Pediatrician | Phone# |
| Dentist | Phone# |
| Insurance Co. | Policy# |

Parent's Permission to Consult that Physician or Provide Medical Attention in Case of Emergency. (Signature) _____