

# Emergency Card



Child's Name	Allergies (Food/Environmental/Medicinal)
Date of Birth	
Home Address	
Home Phone Number	
Mother's Name	Father's Name
Mobile Phone Number	Mobile Phone Number
Place of Employment and Address	Place of Employment and Address
Employment Phone Number	Employment Phone Number
Occupation	Occupation
Child's Primary Care Physician	Child's Insurance Carrier
Primary Care Physician's Address	Claim or Policy Number
Primary Care Physician's Phone Number	
Emergency Contacts (Full Name, Phone Number and relationship to child)	
1 2 3	
<p>I hereby give permission to 3e International to escort my child to the nearest hospital emergency room in an emergency situation in which either parent or emergency contact is unavailable to do so. Additionally, I allow 3e International to extend my child's insurance information to the hospital in the event that I am not available to do so. If my child is not covered under insurance, I take full financial responsibility for any emergency situation that happens under the care of 3e International.</p> <p>The information provided within the context of this document is correct and up to date. In the event that the information is changed, it is my responsibility to update the information with 3e International as soon as possible.</p>	
Parent Signature _____ Date _____	