



**St. Croix Day Care and Preschool  
Enrollment and Emergency Card**

Class \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone(h) \_\_\_\_\_

(w) \_\_\_\_\_ cell \_\_\_\_\_ email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone(h) \_\_\_\_\_

(w) \_\_\_\_\_ cell \_\_\_\_\_ email \_\_\_\_\_

If unable to reach parent in an emergency the following people may be contacted and are authorized to pick up this child:

Name \_\_\_\_\_ Phone(h) \_\_\_\_\_ (w) \_\_\_\_\_ cell \_\_\_\_\_

Name \_\_\_\_\_ Phone(h) \_\_\_\_\_ (w) \_\_\_\_\_ cell \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Special Health Concerns/Allergies \_\_\_\_\_

**EMERGENCY MEDICAL PERMISSION FORM**

I hereby grant permission for the St. Croix Day Care Center and Preschool staff to take whatever steps may be necessary to obtain emergency medical care if warranted, and for qualified medical personnel to perform such emergency treatment.

1. For a major emergency 911 will be called.
2. For a minor injury requiring medical attention, the parent, guardian, or emergency person will be called.
3. Any expenses incurred by the above will be the responsibility of the child's family.

I also hereby grant permission for the staff to administer syrup of Ipecac if directed by Poison Control.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

(Mother/Guardian)

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

(Father/Guardian)