

ACTIVITY _____

EMERGENCY CARD – TROY ACTIVITIES

NAME: _____ BIRTHDATE: _____

ADDRESS: _____ PHONE: _____

MOTHER'S NAME: _____ WORK PHONE: _____

FATHER'S NAME: _____ WORK PHONE: _____

FAMILY PHYSICIAN: _____ PHONE: _____

ADDRESS: _____

FAMILY DENTIST: _____ PHONE: _____

ADDRESS: _____

HOSPITAL PREFERENCE: _____

HISTORY OF CHRONIC ILLNESS, ALLERGIES, ETC: _____

CURRENTLY ON MEDICATION TYPE: _____

In case of an illness involving my son/daughter that is not necessarily an emergency and a parent cannot be reached at the phone number shown on this card, we authorize the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for my child's comfort and well being.

PARENT/LEGAL GUARDIAN

WITNESS

DATE