

**Shoreline Children's Center  
and Extended Day Program  
Emergency Card**

**STUDENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: MALE or FEMALE  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Center/School \_\_\_\_\_ Grade In/Entering \_\_\_\_\_ Photo Permission: YES or NO

**GUARDIAN INFORMATION**

Last Name _____	Last Name _____
First Name _____	First Name _____
Relationship to Child _____	Relationship to Child _____
Address _____	Address _____
City/Zip _____	City/Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Place of Employment _____	Place of Employment _____
Email _____	Email _____

**PEOPLE AUTHORIZED TO PICK UP CHILD**

Last Name _____	First Name _____	Phone _____
Last Name _____	First Name _____	Phone _____
Last Name _____	First Name _____	Phone _____
Last Name _____	First Name _____	Phone _____
Last Name _____	First Name _____	Phone _____

**Under no circumstances will your child be released to anyone else without written authorization from parent/guardian.**

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**

***HEALTH ALERT / MEDICATION INFORMATION / CRITICAL ALERT***

Physician/Clinic \_\_\_\_\_ Phone \_\_\_\_\_ Date of Last Physical \_\_\_\_\_

I verify that current immunization status is on file at the Center/School \_\_\_\_\_  
**Parent/Guardian Signature**

In case of an emergency, when parent/guardian cannot be reached, school personnel have my/our permission to take whatever action is reasonable and appropriate under the circumstances for the welfare of my/our child.

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**