

Rainbow Land Emergency Information Card

Child's Name: _____

Parent Emergency Numbers:

Name: _____

Relationship to child: _____

Cell#: _____

Home/Work#: _____

Relative Emergency Numbers:

Name: _____

Relationship to child: _____

Cell#: _____

Home/Work#: _____

Other Emergency Numbers:

Name: _____

Relationship to child: _____

Cell#: _____

Home/Work#: _____

Hospital: _____

Phone#: _____

Doctor: _____

Phone#: _____

Dentist: _____

Phone#: _____

In the event emergency medical care is necessary by a Physician/Dentist and obtaining permission would cause a delay in treatment that could be harmful to my child, I authorise Rainbow Land staff members to act on my behalf in granting permission for my child to receive emergency treatment.

Signature of Parent/Guardian: _____ Date: _____

Rainbow Land Emergency Information Card

Child's Name: _____

Parent Emergency Numbers:

Name: _____

Relationship to child: _____

Cell#: _____

Home/Work#: _____

Relative Emergency Numbers:

Name: _____

Relationship to child: _____

Cell#: _____

Home/Work#: _____

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Name: _____

Relationship to child: _____

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Hospital: _____

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In the event emergency medical care is necessary by a Physician/Dentist and obtaining permission would cause a delay in treatment that could be harmful to my child, I authorise Rainbow Land staff members to act on my behalf in granting permission for my child to receive emergency treatment.

Signature of Parent/Guardian: _____ Date: _____