

**THE NEIGHBOR HOOD KIDS ACHIEVEMENT PROGRAM**

**MEDICAL EMERGENCY CARD**

**Please give the information requested. It will enable us to protect the safety of your child in case of an emergency.**

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<b>Child's Name</b>	<b>Last</b>	<b>First</b>	<b>Birth Date</b>
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<b>Home Address</b>	<b>Street</b>	<b>City/State</b>	<b>Zip</b>
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**Code**

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<b>Parent/Guardian Name</b>	<b>Home Phone#</b>	<b>Cell Phone#</b>
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<b>Place of Employment</b>	<b>Work Phone#</b>
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**Emergency Contacts: List two names and telephone numbers of relatives who live close by or neighbors who you authorize to care for your child in case of an emergency, if you can not be reached.**

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<b>Name/Relationship</b>	<b>Home Phone#</b>	<b>Cell Phone#</b>
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<b>Name/Relationship</b>	<b>Home Phone#</b>	<b>Cell Phone#</b>
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<b>Name of Doctor</b>	<b>Office Phone#</b>
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**Please Check One:**

**In case of accident or injury, I authorize any and all emergency medical advised by the physician listed above necessary for the proper health and well being of my child.**

**In case of accident or injury, I do not authorize any emergency medical advised by the physician listed above necessary for the proper health and well being of my child.**

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<b>Parent/Guardian Signature</b>	<b>Date</b>
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