

**Hearts in Hand Child Development Center
EMERGENCY/FIRST AID/MED CARD**

Child's name _____

Age _____ Weight _____ Blood Type (If known) _____

Medical Conditions _____

Allergies _____

Medications _____

Parent/Guardian _____

Phone Numbers _____

Medical Insurance Carrier _____

I as parent and/or legal guardian of _____

give permission for medical treatment in case of any emergency.

Date _____ Signature _____