



**Kaweah Delta  
Health Care District**  
*Where technology and compassion come together.*

## Kaweah Kids Center EMERGENCY INFORMATION

PLEASE COMPLETE AND RETURN TO CENTER STAFF. FAX : 559-635-6234

Department \_\_\_\_\_ Ext. Number \_\_\_\_\_

Employee \_\_\_\_\_

1. Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

2. Father's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

3. Mother's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

4. Person legally responsible for child \_\_\_\_\_

5. Child's Address \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

6. Mother Business Phone \_\_\_\_\_ Cell/Pager Number \_\_\_\_\_

7. Father Business Phone \_\_\_\_\_ Cell/Pager Number \_\_\_\_\_

8. Relative or close friend, with a telephone and access to a car, to be contacted if a parent cannot be reached.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

9. Child's Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Authorization to consent to treatment for minor child? Yes \_\_\_\_\_ No \_\_\_\_\_

If a physician cannot be reached, what action should be taken?

\_\_\_\_\_

\_\_\_\_\_

What are your child's reactions to medical procedures? \_\_\_\_\_

\_\_\_\_\_

10. Persons listed above as parents or emergency contacts are authorized to take the child from the Center. List any other persons authorized to pick up your child.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_