

**FAMILY, FRIEND & NEIGHBOR (FFN) AND
IN HOME PROVIDER EMERGENCY CARD**

Children's Names:

Parent's Name: _____

Address: _____

Contact Phone Number: _____

Emergency Care	Telephone	Telephone	Telephone
Parent			
Emergency Pick-Up			
Police			
Fire			
Child Abuse Hotline			
Poison Control			

PARENT AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, the parent/guardian authorize:

_____ to arrange transportation and secure emergency medical treatment for
(provider)

_____ (name of child/ren) •

Parent Signature: _____

Medical Insurance Information and ID Number: _____

Special Needs:

Allergies:

