

Giggles' CDC Mastercard

Childs Name: _____ Sex _____ Birthdate: _____

	MOTHER	FATHER
NAME	_____	_____
Address	_____	_____
Employer	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____ Carrier _____	_____ Carrier _____
<small>Need Cell Phone Carrier to update emergency system</small>		
EMAIL	_____	_____

Does Your Child have any food allergies? Yes No
 Does your child have any other allergies? Yes No
 Does your child have any dietary restrictions? Yes No
 Please explain any 'yes' answers here: _____
 Person with whom the child lives: _____

Individuals to contact in case of Emergency:

NAME	PHONE # <small>Carrier if Cell Phone</small>	RELATIONSHIP

NAME	PHONE #	RELATIONSHIP
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My child has permission to be released to the following individuals, child care facilities or transportation services; in addition to emergency contact persons listed above.
(Please notify these individuals that they may be asked to show proof of identity and be registered in the PROCARE program to sign in/out your child/children)

I authorize the facility to secure emergency medical treatment for my child.

Parents Signature: _____ DATE: _____

Date of Admission: _____