Purdue University Calumet
Charlotte R. Riley Child Center
Emergency Care Information Form

Child's full name: _____ Birth date: _____

Legal Guardian #1:

Full Name: _____ Relation to Child: _____
Last First

Home Phone: _____ Work Phone: _____

Legal Guardian #2:

Full Name: _____ Relation to Child: _____
Last First

Home Phone: _____ Work Phone: _____

Emergency Contact Information (People to whom the child may be released if the guardians are unavailable):

1.) Full Name: _____ Relation to Child: _____
Last First

Street: _____ Phone: _____
City State Zip

2.) Full Name: _____ Relation to Child: _____
Last First

Street: _____ Phone: _____
City State Zip

3.) Full Name: _____ Relation to Child: _____
Last First

Street: _____ Phone: _____
City State Zip

Child's Medical Information:

Name of local physician and/or clinic: _____

Street: _____ Phone: _____
City State Zip

Name of dentist: _____

Street: _____ Phone: _____
City State Zip

Name of insurance carrier: _____ ID # _____

Name as it appears on insurance card: _____

Special Conditions (list any conditions, allergies, or medical information for emergency situations):

_____

If emergency medical care becomes necessary, I give permission for my child to receive treatment, as the University deems necessary, and/or be taken to St. Margaret Mercy Hospital, North Campus. As a parent/guardian, I give consent to have my child receive first aid by facility staff, and if necessary, to be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give my consent for the emergency people listed above to pick up my child from the Center and to act on my behalf until I am available. I agree to review and update this information every three months and whenever a change occurs.

Signature: _____ Date: _____
(Parent or Legal Guardian)