



EARLY LEARNING CENTER

2026 - 2027 EMERGENCY CARD

(Please use black or blue ink)

Child's Name:			Nickname:	Date of Birth:
Last	First	Middle		
Sex: <i>Circle one</i> M F	Date of Admission: <i>(office use)</i>	Date of Withdrawal: <i>(office use)</i>	Child lives with: <i>Circle Primary</i> Mother Father Both	
Child's Home Address:				
Street:		City:	State:	Zip:
Mother's Name/Guardian's Name:			Cell Number	Other Number
Home Address:				
Street:		City:	State:	Zip:
Mother's Work:		Phone Number	E-mail:	
Father's Name/Guardian's Name:			Cell Number	Other Number
Home Address:				
Street:		City:	State:	Zip:
Father's Work:		Phone Number	E-mail:	
Emergency Contact Name: Name				Cell Number
Relationship				
Emergency Contact Name: Name				Cell Number
Relationship				
Emergency Contact Name: Name				Cell Number
Relationship				
In case of emergency, I give permission for any of the above individuals to be contacted and my child may be released to them. I also give permission to have my child transported to the nearest hospital if necessary.				
Parent Signature: _____			Date: _____	

Physician's Name:	Office Number:
Dentist's Name:	Office Number:

Please list any medical conditions, allergies, or special needs of your child including food allergies:

I give permission that my child, _____, may be given first aid/emergency treatment by the staff of Church of the King. In the event that I can not be contacted, I authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, or hospital when deemed necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance to an emergency center for treatment.

Parent Signature: _____ **Date:** _____

Custody Issues: Without a copy of a court order, we will assume that both parents have custody of the child. If there are problems of custody, which might involve the school, please give us any necessary information. Specific custody restrictions must be verified by providing the school a copy of the COURT ORDER. In some cases, we reserve the right to limit pick-up authorization to biological family only.

THIRD PARTY RELEASE:

My child has permission to be released to the following individuals. *Please complete all information for each individual.* The following, with proper photo identification, are authorized to pick up my child _____ from Church of the King Mother's Day Out Program any time during the school year. It is the responsibility of the parent/guardian to maintain and update the authorized names on this release accordingly.

Name		Relationship
Cell Number		Alternate Number
Name		Relationship
Cell Number		Alternate Number
Name		Relationship
Cell Number		Alternate Number
Name		Relationship
Cell Number		Alternate Number



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Physician's Report Form

Please note that the child's *physician* must fill out this form.

Please print the following information:

Child's Name: _____ Birth date: _____/_____/_____

Parents Name: _____

Immunizations Due and Date: _____

Child's General Health: _____ Good _____ Fair _____ Poor

Please explain: _____

Allergies: _____

Childhood Diseases: _____

Specify any past or present significant illnesses: _____

Prescribed medications and drugs we should be aware of:

Yes ____ No ____ If yes, please list: _____

This child has been examined by me on _____ and is free of any contagious or infectious disease. (Date)

Signature of Physician: _____

Date: _____ Telephone: _____

**** A copy of the Immunization Records or Vaccination Exemption must be included with this form to be kept on file. This form will need to be completed each year before your child will be allowed to attend. ****

This form can be faxed back to The Early Learning Center at (985) 292-3122.

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Vaccination Exemption Form

Statement of Exemption

Under **Louisiana Revised Statutes 17:170 Sec E**, I hereby claim exemption from the immunization requirements for the following Philosophical/Personal reasons:

I understand that in the event of an outbreak of a vaccine-preventable disease at Church of the King, the administrators of Church of the King, upon the recommendation of the Office of Public Health, may exclude my child from attendance until the incubation period has expired or I present evidence of immunization.

Student Name:

Date:

Parent/Guardian signature:

(Required for all minors)

This form will need to be completed each year.