



I give permission to Magical Minds to make whatever emergency (e.g., first aid, disaster evacuation) Measures are judged necessary for for the care and protection of my child while under the supervision of the center.

In case of medical emergency, I understand that my child will be transported to the nearest medical facility by the local emergency unit for treatment if the local emergency resource, (police, rescue squad), deems it necessary. The child will be transported at the parents expense. It is understood that in some medical situations, Magical Minds will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parents behalf.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Magical Minds Childcare and Learning Center ~~ Emergency Card

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Work: \_\_\_\_\_

**Authorized Pick-Up/ Emergency Contacts: (Other than parents or guardians**

Name \_\_\_\_\_ Phone Contacts: \_\_\_\_\_

Name \_\_\_\_\_ Phone Contacts: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

Please list any one who is Not Allowed to pick up your child from Magical Minds

(A copy of the court order is required if a biological parent is not allowed to pick up the child.)