



I give permission to Magical Minds to make whatever emergency (e.g., first aid, disaster evacuation) measures are judged necessary 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 parent's 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 parent's behalf.

Parent's Signature: _____ Date: _____

Magical Minds Childcare and Learning Center *Emergency Card*

Child's Name: _____ Date of Birth: _____
Address: _____
Mother's Name: _____ Mother's Phone #: _____
Father's Name: _____ Father's Phone #: _____

Medical Information

Physician: _____ Phone #: _____
Dentist: _____ Phone #: _____

Allergies? Y ___ N ___ If yes, please list: _____ Asthma? Y ___ N ___

Authorized Pick-Up/Emergency Contacts (Other than parents/guardians)

Name: _____ Phone #: _____
Name: _____ Phone #: _____

Please list anyone 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.)