

<b>CITY OF LONG BEACH – RECREATION DEPARTMENT – EMERGENCY CARD</b>			
Name of Child:		Date of Birth:	
Parent/Guardian Names:		Home Phone:	
Address		City, Town, Zip	
Parent 1 Work #	Parent 1 Cell #:	Parent 1 Email:	
Parent 2 Work #	Parent 2 Cell #:	Parent 2 Email:	
Emergency Contacts (Other than home) Name, Phone, and Relation to Child			
Physician: Name, Address, Phone			
<b>PERSON(S) AUTHORIZED TO PICK UP CHILD</b>			
ALLERGIES:	FOOD ALLERGIES:	MEDICATION ALLERGIES:	
Physical Restrictions:			
<b>*IMPORTANT: List your Health Insurance Company's Name &amp; Policy Holder &amp; Number</b>			
Company:	Policy Holder:	ID/Policy Number:	
List any and all medications: A Doctor's prescription with dosage must accompany all medications. Medications must also be in ORIGINAL prescription bottle.			
THIS SECTION MUST BE NOTORIZED:			
Parent will be contacted in any emergency. However, if neither parent nor other emergency adults cannot be reached, I give permission for my child to be treated by the physician (listed above), if available, or other physician and/or hospital.			
Parent Signature: _____ Sworn before me this ____ day of ____ 20 ____			
Notary Signature: _____ Affix Stamp Here>			

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