San Luigi
Childcare Centre
Quality care for every child

Emergency Contact Card

Child`s Name:_____. **Date of Birth:**_____.

Emergency Contact:

Name:_____.

Relation to Child: _____.

Phone:_____.

Does your child suffer from any allergies, if yes kindly list them below:

_____.

In any case an accident occurs at the centre, whom would you like us to contact first (Kindly tick as appropriate)

☐ **Ambulance** ☐**Parent/ Guardian**

Please note that if the accident is a serious matter, the centre will immediately contact an ambulance, for the safety of your child.

Signature: