



Fisher Early Learning Center at The University of Denver
1899 East Evans Avenue, Denver, CO 80208
Phone: 303-871-2723 * Fax: 303-871-7805
www.du.edu/fisher

Student Emergency Information Card

Child's Name *Birth Date* *Age* *Classroom*

Address *City* *State* *Zip*

Parent/Guardian Name *Home Phone* *Work Phone* *Cell Phone*

Parent/Guardian Name *Home Phone* *Work Phone* *Cell Phone*

Emergency Contact (Other than parent; must live in CO) *Home Phone* *Work Phone* *Cell Phone*

Child's Health/Medical Provider *Phone*

Insurance Company *Insurance Group # or Policy Number*

Name of Hospital of Choice *Hospital Address/Phone*

Does your child have any special health care needs that you would like us to be aware of? **Y** **N**

Please identify: _____

Does your child take any prescription medication while at home? **Y** **N**

Please identify: _____

Parent Signature

Date