



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

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

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*Address* *City* *State* *Zip*

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

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

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*Emergency Contact* *Home Phone* *Work Phone* *Cell Phone*

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*Child's Health/Medical Provider* *Phone*

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*Insurance Company* *Insurance Group # or Policy Number*

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*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:** \_\_\_\_\_

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*Parent Signature*

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*Date*