

CHILD CARE EMERGENCY CONTACT INFORMATION

Child's Name: _____ Birthdate: _____
Home Address: _____

Parent or Guardian: _____
Telephone Numbers: Work: _____ Cell Phone: _____
E-mail Address: _____
Home Address: _____
Place of Employment: _____ Department: _____

Parent or Guardian: _____
Telephone Numbers: Work: _____ Cell: _____
E-mail Address: _____
Home Address: _____
Place of Employment: _____ Department: _____

Emergency Contacts when parents cannot be reached

Name: _____
Telephone Number: Work: _____ Cell: _____

Name: _____
Telephone Number: Work: _____ Cell: _____

Person's Authorized to pick child up

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

Child's Usual Source of Medical Care

Physician's Name: _____ Phone: _____
Address: _____
Hospital to take child in case of an emergency: _____
Dentist: _____
Address: _____ Phone: _____

Child's Health Insurance

Name of Insurance Plan: _____
Certificate Number (or ID) #: _____ Group #: _____
Policy Holder's Name: _____
Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations: _____

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Date:_____ Parent/Guardian #1 Signature_____

Date:_____ Parent/Guardian #2 Signature_____

Review Date_____ Parent/Guardian Signature_____

Review Date_____ Parent/Guardian Signature_____

Review Date_____ Parent/Guardian Signature_____