

Child Care Emergency Contact Information

NAME OF CHILD: _____ BIRTHDATE: _____

PARENT/ GUARDIAN NAME #1

Name: (Print Please) _____ Driver's License # _____

Phone: Home :() _____ Cell :() _____ Work :() _____

Home Address: _____

Email Address: _____

PARENT/ GUARDIAN NAME #2

Name: (Print Please) _____ Driver's License # _____

Phone: Home: () _____ Cell :() _____ Work :() _____

Home Address: _____

Email Address: _____

Emergency contacts to whom child may be released if parent/guardian is unavailable:

Name & relationship #1: _____

Telephone numbers: Home () _____ Cell() _____

Address _____ Driver's License# _____

Name & relationship #2: _____

Telephone numbers: Home () _____ Cell() _____

Address _____ Driver's License# _____

Child's Health Care Provider

Name: _____ Phone # _____

Address: _____

Child's Health Insurance

Name of Insurance plan _____ ID#: _____

List special conditions, disabilities, allergies or medical information for emergency situations:

List preference for transport arrangement in an emergency situation (*Parents/guardians are responsible for all emergency transportation charges.*):

Hospital preference: 1st Choice _____ 2nd Choice _____

Parent/Guardian Consent and Agreement for Emergencies

As parent/guardian, I give consent to have my child, _____, receive first aid by the child care staff, and, if necessary, be transported to receive emergency care. I also authorize the Director or Director Designee to contact my child's health care provider to alert him/her to my child's situation. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above **to act on my behalf** until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Parent/Guardian Signature #1 _____ Date: _____

Parent/Guardian Signature #2 _____ Date: _____