CHILD CARE EMERGENCY CONTACT INFORMATION

Child's Name: _____Birthdate: _____

Home Address: _____

Parent or Guardian: _____

Telephone Numbers: Home_____Work_____

Cell Phone/Pager _____ E-mail Address: _____

Home Address: _____

Place of Employment: _____Department: _____

Contact person at work (who usually knows your whereabouts):_____

_____ Phone Number:_____

Parent or Guardian:_____

Telephone Numbers: Home _____ Work_____

Cell Phone/Pager _____ E-mail Address: _____

Home Address: _____

Place of Employment:_____ Department:_____

Contact person at work (who usually knows your whereabouts):_____

_____ Phone Number:_____

Emergency Contacts (when attempts to reach parents are not successful and who may pick child up)

Name#1:_____

Telephone Numbers: Home _____ Work_____

Name#2:_____

Telephone Numbers: Home _____ Work_____

Person's Authorized to pick child up

Name:_____ Phone Number:_____

Name:_____ Phone Number:_____

Name:_____ Phone Number:_____

Name:_____ Phone Number:_____

We must have written permission for anyone other than parent/guardian to pick child up from the center.

Child's Usual Source of Medical Care

Physician's Name:_____Phone #:_____

Address:_____

Hospital to take child in case of an emergency:_____

Dentist's Name (either Child's or Parent's): _____

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_____