

Child Care Emergency Contact



Emergency Contact Form

Child's Information		
Child's Full Name		Name Child Prefers to be Called
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age

Primary Guardian's Information

Primary Guardian's Name		
Home Address		
Cell Phone	Home Phone	Email Address
Name of Employer	Work Phone	
Relationship to Child	Best Way to Reach You	

Secondary Guardian's Information

Secondary Guardian's Name		
Home Address		
Cell Phone	Home Phone	Email Address
Name of Employer	Work Phone	
Relationship to Child	Best Way to Reach You	

Emergency Contacts

(to whom child may be released if guardians are unavailable)

1st Contact

Name		Relationship
Cell Phone	Home Phone	Work Phone

2nd Contact

Name		Relationship
Cell Phone	Home Phone	Work Phone

Medical Information

Medical Conditions and/or Allergies

Is your child taking any medications? If so, please list and include dosing information

Primary Doctor's Name	Phone
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Address

Dentist's Name	Phone
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Address

Preferred Hospital	Phone
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Address

Health Insurance Provider	Phone
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Group Number	ID
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Parent/Guardian Consent for Emergencies

As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I consent for the emergency contact person listed above to act on my behalf until I am available.

Parent / Guardian Signature

Date