

## Child Care Emergency Contact Information

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/guardian name #1: \_\_\_\_\_

Telephone numbers: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_  
CELL PHONE number-- CELL PHONE #

Parent/guardian name #2: \_\_\_\_\_

Telephone numbers: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_  
CELL PHONE NUMBERS: CELL PHONE #

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

Name & relationship #1: \_\_\_\_\_

Telephone numbers: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Name & relationship #2: \_\_\_\_\_

Telephone numbers: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

### Child's Health Care Provider

Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

### Child's Health Insurance

Name of insurance plan \_\_\_\_\_ ID# \_\_\_\_\_

Subscriber's name on insurance card \_\_\_\_\_

### 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: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> 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. In the event of accidental poisoning, I agree that my child may receive Syrup of Ipecac if, and as, directed by the Poison Control Center.

Parent/Guardian Signature #1 \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature #2 \_\_\_\_\_ Date: \_\_\_\_\_