



WAKE HARVEST CHILD EMERGENCY CONTACT INFORMATION

Child's Name: _____ Birthdate: _____

Home Address: _____

Parent or Guardian: _____

Telephone Numbers: Home _____ Work _____

Cell Phone _____ E-mail Address: _____

Home Address: _____

Place of Employment: _____ Department: _____

Parent or Guardian: _____

Telephone Numbers: Home _____ Work _____

Cell Phone _____ E-mail Address: _____

Home Address: _____

Place of Employment: _____ Department: _____

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 _____