



DREAMLAND CHILDCARE CENTERS

Child Emergency Information

Childs Name: _____ Birthdate: _____

Mother's Info:

Name: _____

Phone #1: _____

Phone #2: _____

Father's Info:

Name: _____

Phone #1: _____

Phone #2: _____

Other Contact Names/Numbers:

1. Name/Relationship to child: _____ Phone#: _____

2. Name/Relationship to child: _____ Phone#: _____

Allergies/Health Concerns:

In the event of an emergency, Dreamland has my permission to seek medical/dental attention for my child. In an event that parents, guardians, or other persons named on this card cannot be reached, Dreamland staff is hereby authorized to take whatever action is deemed necessary in the judgment for the health of my child. I have read this card and agree to the statement as is written.

Signature of parent/Guardian: _____ Date: _____