

CHILD CARE EMERGENCY CONTACT INFORMATION AND CONSENT FORM

Child's Name: _____ Birth Date: _____

Address: _____

Parent/Guardian #1 Name: _____

Telephone: Home _____ Work _____ Beeper/Cell _____

Parent/Guardian #1 Name: _____

Telephone: Home _____ Work _____ Beeper/Cell _____

EMERGENCY CONTACTS (to whom child may be released if guardian is unavailable)

Name #1: _____ Relationship: _____

Telephone: Home _____ Work _____ Cell _____

Name #2: _____ Relationship: _____

Telephone: Home _____ Work _____ Cell _____

CHILD'S PREFERRED SOURCES OF MEDICAL CARE

Physician's name: _____

Address: _____ Telephone: _____

Dentist's name: _____

Address: _____ Telephone: _____

Hospital name: _____

Address: _____ Telephone: _____

Ambulance Service: _____

Telephone: _____

(Parents are responsible for all emergency transportation charges)

CHILD'S HEALTH INSURANCE

Insurance Plan: _____ ID # _____

Subscriber's Name (on insurance card): _____

SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, OR MEDICAL EMERGENCY INFORMATION

PARENT/GUARDIAN CONSENT AND AGREEMENT 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. I agree to review and update this information whenever a change occurs and at least every 6 months.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____