

Child Care Emergency Contact Information

Child's Name: _____ Birthdate: _____

Home Phone Number: _____

Parent/Guardian #1 name: _____

Cell#: _____ Work# _____

Parent/Guardian #2 name: _____

Cell#: _____ Work# _____

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

1. Name & relationship _____

Home # _____ Cell # _____

2. Name & relationship _____

Home # _____ Cell # _____

Child's Health Care Provider:

Name: _____ Phone: _____

Address: _____

Child's Health Insurance:

Name of plan: _____ ID# _____

Subscriber's name on insurance card: _____

Please list special conditions, limitations, 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 #1 _____ Hospital #2 _____

Parent/Guardian Consent and Agreement for Emergencies

As a parent/guardian, I give consent to have my child, _____, receive first aid by the camp 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 persons 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.

Signature: _____ Date: _____