



## Emergency Contact & Health Acknowledgment

Kidz 1st Choice Mobile Childcare

This form is used to collect emergency contact information and confirm that employees are able to safely perform the duties required for childcare services.

### Emergency Contact Information

Employee Name:

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Emergency Contact Name:

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Relationship:

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Phone Number:

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### Health & Physical Ability Acknowledgment

I acknowledge that I am physically able to perform the essential duties of a childcare provider, including supervising children, lifting when necessary, and responding appropriately in emergency situations. I agree to notify Kidz 1st Choice Mobile Childcare if any health condition arises that may impact my ability to safely perform my job duties.

Employee Name (Print):

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Employee Signature:

Date:

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