# Child Emergency Information Form — To be completed by parent or guardian

| CHILD'S INFORMATION | | | |
|---|---|---|---|
| CHILD'S FIRST AND LAST NAME | | NICKNAME | DATE OF BIRTH |
| HOME ADDRESS | | | |
| HOME PHONE | | | |
| **PARENT/GUARDIAN CONTACT INFORMATION** | | | |
| FIRST AND LAST NAME | | | |
| WORK PHONE | HOME PHONE | CELL PHONE | E-MAIL |
| FIRST AND LAST NAME | | | |
| WORK PHONE | HOME PHONE | CELL PHONE | E-MAIL |
| **EMERGENCY CONTACT INFORMATION** | | | |
| FIRST AND LAST NAME | | RELATIONSHIP TO CHILD | |
| ADDRESS | | E-MAIL | |
| HOME PHONE | CELL PHONE | WORK PHONE | |
| FIRST AND LAST NAME | | RELATIONSHIP TO CHILD | |
| ADDRESS | | E-MAIL | |
| HOME PHONE | CELL PHONE | WORK PHONE | |
| FIRST AND LAST NAME | | RELATIONSHIP TO CHILD | |
| ADDRESS | | E-MAIL | |
| HOME PHONE | CELL PHONE | WORK PHONE | |
| **OUT-OF-AREA CONTACT INFORMATION** | | | |
| FIRST AND LAST NAME | | RELATIONSHIP TO CHILD | |
| ADDRESS | | E-MAIL | |
| HOME PHONE | CELL PHONE | WORK PHONE | |
| **CHILD'S MEDICAL CARE** | | | |
| PHYSICIAN'S NAME | | PHONE NUMBER | |
| ADDRESS | | | |
| E-MAIL | | WEBSITE | |
| MEDICAL CONDITIONS, SPECIAL NEEDS, ALLERGIES, MEDICATIONS, ETC. | | | |
| DENTIST'S NAME | | PHONE NUMBER | |
| ADDRESS | | | |
| E-MAIL | | WEBSITE | |
| HOSPITAL NAME | | PHONE NUMBER | |
| ADDRESS | | | |

I grant permission for the child care program to provide or arrange for medical treatment and/or transportation to an evacuation site and/or medical facility for my child during an emergency or disaster. I grant permission for my child to be released to any of the emergency contacts designated above if I am unable to pick them up in an emergency.

| | | |
|---|---|---|
| PARENT/GUARDIAN NAME (Please print) | SIGNATURE | DATE |
| PARENT/GUARDIAN NAME (Please print) | SIGNATURE | DATE |