

Child Care Emergency Contact



Emergency Contact Form

Child's Information

Child's Full Name

Name Child Prefers to be Called

☐ Male ☐ Female

Date of Birth

Age

Primary Guardian's Information

Primary Guardian's Name

Home Address

Cell Phone

Home Phone

Email Address

Name of Employer

Work Phone

Relationship to Child

Best Way to Reach You

Secondary Guardian's Information

Secondary Guardian's Name

Home Address

Cell Phone

Home Phone

Email Address

Name of Employer

Work Phone

Relationship to Child

Best Way to Reach You

Emergency Contacts

(to whom child may be released if guardians are unavailable)

1st Contact

Name

Cell Phone

Home Phone

Relationship

Work Phone

2nd Contact

Name

Cell Phone

Home Phone

Relationship

Work Phone

Medical Information

Medical Conditions and/or Allergies

Is your child taking any medications? If so, please list and include dosing information

Primary Doctor's Name

Phone

Address

Dentist's Name

Phone

Address

Preferred Hospital

Phone

Address

Health Insurance Provider

Phone

Group Number

ID

Parent/Guardian Consent 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.

Parent / Guardian Signature

Date