Child Care Emergency Contact



Child's Information			
Child's Full Name			
			Name Child Prefers to be Called
[] Male [] Female	Date of B	int h	Called
C 7 consie	- To Gridi		Age
Primary Guardian's II	Iformation		
	Hormation		
Primary Guardian's Name			
forme Address			
ell Phone	Home Dhana		
	Home Phone		Email Address
ame of Employer		1 200	
		Work Phone	
ational and		1	
aconship to Child		Best Way to Boach V	
seconsnip to Child		Best Way to Reach Yo	ou
seconding to Child		Best Way to Reach Yo	ou .
		Best Way to Reach Yo	ou .
	Information	Best Way to Reach Yo	ou
econdary Guardian's	Information	Best Way to Reach Yo	DU .
econdary Guardian's	Information	Best Way to Reach Yo	ou .
econdary Guardian's	Information	Best Way to Reach Yo	ou -
econdary Guardian's ondary Guardian's Name	Information	Best Way to Reach Yo	ou
econdary Guardian's ondary Guardian's Name ne Address	Information	Best Way to Reach Yo	DU COMPANIE DE LA COM
econdary Guardian's ondary Guardian's Name	Information Home Phone	Best Way to Reach Yo	
econdary Guardian's Name e Address		Best Way to Reach Yo	Email Address
econdary Guardian's ondary Guardian's Name se Address		Best Way to Reach Yo	

1st Contact	eased if guardians are unavailable)	
Name	e-	
		Relationship
Cell Phone		Relationship
	Home Phone	Work Phone
2nd Contact		9
Name		
		Relationship
Cell Phone	1	,
	Home Phone	Work Phone
Medical Information	n 	
Very selected and y		
your child taking any medications? If so	o, please list and include dosing information	
imary Doctor's Name	2	
		Phone
dress		
ntist's Name		
		Phone
dress		
ferred Hospital		
		Phone
ress		
th Insurance Provider		Phone
p Number		
p number		ID
ent/Guardian Cons	sent for Emergencies	
ent/guardian, I consent to have my chil e responsible for all charges not covere	ld receive first aid by facility staff and, if necessary, be to ad by insurance. I consent for the emergency contact pe	ransported to receive emergency care. rson listed above to act on my behalf until I am available.
/ Guardian Signature		