



## CHILD CARE EMERGENCY CONTACT INFORMATION

Child(ren) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Legal Guardian #1 Name: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Legal Guardian #2 Name: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

### Emergency Contacts (to whom child(ren) may be released if guardian is unavailable)

Name #1: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Name #2: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

### Child's Usual Source of Medical Care

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### Child's Health Insurance

Name of Insurance Plan: \_\_\_\_\_ ID# \_\_\_\_\_

Subscriber's Name (on insurance card): \_\_\_\_\_

### Special Conditions, Disabilities, Allergies, or medical Information for Emergency Situations

\_\_\_\_\_

### Transport Arrangement in an Emergency Situation

Ambulance service: \_\_\_\_\_ Child will be taken to: \_\_\_\_\_

(Parents/guardians are responsible for all emergency transportation charges)

### Parent/Guardian Consent and Agreement for Emergencies

As parent/guardian, I give consent to have my child receive first aid by the home provider, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for emergency contact person 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.

Date: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_ Provider Signature \_\_\_\_\_