



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 _____