

Child Care Emergency Contact Information

Child's Name: _____ Birth date: _____

Legal Guardian #1:

Name(s): _____

Telephone Numbers: Home: _____ Work: _____

Legal Guardian #2:

Name(s): _____

Telephone Numbers: Home: _____ Work: _____

Emergency Contacts (to whom child may be released if legal guardian is unavailable):

Name(s) #1: _____

Address: _____

Telephone Numbers: Home: _____ Work: _____

Name(s) #2: _____

Address: _____

Telephone Numbers: Home: _____ Work: _____

Child's Usual Source of Medical Care

Name(s): _____ Town: _____

Telephone Numbers: _____

Child's Usual Source of Dental Care

Name(s): _____ Town: _____

Telephone Numbers: _____

Child's Health Insurance

Insurance Plan _____ Phone: _____

Subscriber's Name (on insurance card): _____ ID# _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:

(attach: Special Care Plan and/or Emergency procedure for children with special needs form)

Transport Arrangement in an Emergency Situation

Ambulance service preference: _____

Child will be taken to: _____

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

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent / legal guardian, I give consent to have my child receive first aid by the child care staff and receive first aid and emergency medical treatment by emergency personnel, and to be transported to receive emergency care, if necessary. I understand that I will be responsible for all charges not covered by insurance. I give consent for the 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 once a year.

Parent/Legal Guardian #1 Signature: _____ Date: _____

Parent/Legal Guardian #2 Signature: _____ Date: _____

Child Care Staff Witness Signature: _____ Date: _____

Notarized by:

*Adapted from: American Academy of Pediatrics, Pa Chapter (2002) Model Child Care Health Policies, 4th Ed.