

CHILD CARE EMERGENCY CONSENT FORM

Child's Name:	Birthdate:
HomAddress:	
	work
Cell /Pager	E-mail Address:
Home Address:	
	Department
Contact person at work (who u	sually knows your whereabouts):
Phon	e Number:
Parent or Guardian 2:	
	_Work
Cell /Pager	E-mail_
Home Address:	
	Department:
Contact person at work (who t	sually knows your
whereabouts):	Phone
Number:	
	o reach parents are not successful and who may pick child up)
Name#1:	
	Work_
Name#2:	
	Work
Person's Authorized to pick child up	
Name:	Phone:
Name:	Phone:

Name:	Phone:
Name:	Phone:
We must ha	ave written permission for anyone other than parent/guardian to pick child up from the
center	
Child's Usual Sour	rce of Medical Care Physician's
Name:	Phone #:
Address:	
	take child in case of an emergency:
Dentist's N	ame (either Child's or Parent's):
Address:	Phone#:
_	
Child's Hea	alth Insurance Name of Insurance Plan:
Certificate 1	Number (or ID) #:Group #:
Policy Holo	ler's Name:
Special Conditions	, Disabilities, Allergies, or Medical Information for Emergency Situations:
Parent/Legal Guard	dian Consent and Agreement for Emergencies
As parent/le	egal guardian, I give consent to have my child receive first aid by facility staff, and, if
necessary, be trans	ported to receive emergency care. I understand that I will be responsible for all charges
not covered by inst	arance. I agree to review and update this information whenever a change occurs and at
least once a year.	
Date:	Parent/Guardian #1 Signature
Date:	Parent/Guardian #2 Signature
Review Date	Parent/Guardian Signature
Review Date	Parent/Guardian Signature
Review Date	Parent/GuardianSignature