

Emergency Contact and Consent



This form must accompany staff when children are away from the childcare site

| | | |
|---|---------------|---------------------|
| Child's Name (First, Last) | | |
| Date of Birth | | |
| ALLERGY ALERT Does your child have allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all allergies in required box. | | |
| Parent or Guardian Contact Information | | |
| Name (First, Last) | | Relationship |
| Home Address (Street, City, Zip) | | |
| Primary Phone | Email Address | |
| Address (Street, City, Zip) | | Work Phone |
| Name (First, Last) | | Relationship |
| Home Address (Street, City, Zip) | | |
| Primary Phone | Email Address | |
| Address (Street, City, Zip) | | Work Phone |
| Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child | | |
| Name (First, Last) | Phone | Relationship |
| Name (First, Last) | Phone | Relationship |
| Name (First, Last) | Phone | Relationship |
| Required Medical Information | | |
| Primary Medical Care Provider | | Phone |
| Health Concerns (Please explain) | | |
| | | |
| Allergies | | |
| | | |
| Parent or Guardian Authorization | | |
| In an emergency, the child care facility has my permission to provide or obtain emergency medical treatment including transporting child by ambulance or vehicle if necessary. The parent/guardian of the child will be notified as soon as possible. | | |
| Parent/Guardian Signature | | Date |
| <i>(This form must be completed and signed annually)</i> | | |