

EMERGENCY INFORMATION & AUTHORIZATION FOR TREATMENT & TRANSPORTATION

Child's Name _____ Nickname _____ DOB _____
Last First

Home Address _____ Home Phone _____
Street City/State Zip

Parent/Guardian Name _____ Cell Phone _____
Last First

Employer / School _____

Employer / School Address _____ Phone _____ Ext _____
Street City/State Zip

Parent/Guardian Name _____ Cell Phone _____
Last First

Employer / School _____

Employer / School Address _____ Phone _____ Ext _____
Street City/State Zip

Additional Persons Authorized to Pick Up Child:

(1) _____
Name Relationship Phone Number

Address

(2) _____
Name Relationship Phone Number

Address

Health Care Facility

Name Address (if known) Phone Number

Allergies/Reactions

Chronic Illnesses/Special Needs

Medications

Insurance Information

Authorization for emergency medical care and transportation: In the event of an emergency, I hereby give my permission for child care staff to access emergency medical services for my child, including transport to the nearest health care facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

Parent/Guardian Signature Date Parent/Guardian Signature Date

Child Care Facility:

Name Address Phone