

**CHILD CARE EMERGENCY CONTACT INFORMATION AND CONSENT FORM**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian (1<sup>st</sup> Contact) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Parent/Guardian (2nd Contact) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

**EMERGENCY CONTACTS (PTQ 8.4)**

Persons to whom child may be released if guardian is unavailable:

1<sup>st</sup> Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

2nd Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

**CHILD'S PREFERRED SOURCES OF MEDICAL CARE (OPTIONAL)**

PHYSICIAN	HOSPITAL
Name:	Name:
Address:	Address:
Telephone:	Telephone:

DENTIST	AMBULANCE SERVICE
Name:	Name:
Address:	Telephone:
Telephone:	

(In case of emergency 911 will be called and child will be taken to the nearest medical facility. Parents are responsible for all emergency transportation charges.)

**CHILD'S HEALTH INSURANCE**

Insurance Plan: \_\_\_\_\_

ID#: \_\_\_\_\_

Subscriber's name (on insurance card): \_\_\_\_\_

(Please provide a copy of the front and back of your insurance card)

**SPECIAL CONDITIONS, DISABILITIES, MEDICATIONS OR ALLERGIES THAT EMERGENCY PERSONNEL SHOULD KNOW:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES (PTQ 8.4)**

As parent/guardian, I give consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care.

- (1) I will be responsible for all charges not covered by insurance.
- (2) I give consent for the emergency contact person listed above to act on my behalf until I am available.
- (3) I agree to review and update this information whenever a change occurs and at least every 12 months.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_