

# Emergency Contact and Consent



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

<b>Child's Name (First, Last)</b>		
<b>Date of Birth</b>		
<b>ALLERGY ALERT</b> Does your child have allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all allergies in required box.		
<b>Parent or Guardian Contact Information</b>		
<b>Name (First, Last)</b>		<b>Relationship</b>
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone
<b>Name (First, Last)</b>		<b>Relationship</b>
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone
<b>Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child</b>		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
<b>Required Medical Information</b>		
<b>Primary Medical Care Provider</b>		Phone
<b>Health Concerns (Please explain)</b>		
<b>Allergies</b>		
<b>Parent or Guardian Authorization</b>		
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.		
<b>Parent/Guardian Signature</b>		<b>Date</b>
<i>(This form must be completed and signed annually)</i>		