

# EMERGENCY FORM

**INSTRUCTIONS TO PARENTS:**

- (1) Complete all items on this side of the form. Sign and date where indicated.
- (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street/Apt.# City State Zip Code

2. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street/Apt.# City State Zip Code

3. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street/Apt.# City State Zip Code

Child's Physician or Source of Health Care \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street/Apt.# City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First

Enrollment Date \_\_\_\_\_ Hours & Days of Expected Attendance \_\_\_\_\_

Child's Home Address \_\_\_\_\_  
Street/Apt.# City State Zip Code

Mother's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_  
Last First

Mother's Employer/School \_\_\_\_\_  
Name Address

Mother's Home Address (If different from above) \_\_\_\_\_  
Street/Apt.# City State Zip Code

Work Telephone \_\_\_\_\_ Cellular Phone \_\_\_\_\_ Beeper \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_  
Last First

Father's Employer/School \_\_\_\_\_  
Name Address

Father's Home Address (If different from above) \_\_\_\_\_  
Street/Apt.# City State Zip Code

Work Telephone \_\_\_\_\_ Cellular Phone \_\_\_\_\_ Beeper \_\_\_\_\_

Name of Person Authorized to Pick Up Child (daily) \_\_\_\_\_  
Last First Relationship to Child

Address \_\_\_\_\_  
Street/Apt.# City State Zip Code

ANNUAL UPDATES \_\_\_\_\_  
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)