

# Child Emergency Information Form – To be completed by parent or guardian

CHILD'S INFORMATION			
CHILD'S FIRST AND LAST NAME		NICKNAME	DATE OF BIRTH
HOME ADDRESS			
HOME PHONE			
PARENT/GUARDIAN CONTACT INFORMATION			
FIRST AND LAST NAME			
WORK PHONE	HOME PHONE	CELL PHONE	E-MAIL
FIRST AND LAST NAME			
WORK PHONE	HOME PHONE	CELL PHONE	E-MAIL
EMERGENCY CONTACT INFORMATION (CHILD MAY BE RELEASED TO THE PERSONS BELOW IF PARENT/GUARDIAN IS UNAVAILABLE)			
FIRST AND LAST NAME		RELATIONSHIP TO CHILD	
ADDRESS		E-MAIL	
HOME PHONE	CELL PHONE	WORK PHONE	
FIRST AND LAST NAME		RELATIONSHIP TO CHILD	
ADDRESS		E-MAIL	
HOME PHONE	CELL PHONE	WORK PHONE	
FIRST AND LAST NAME		RELATIONSHIP TO CHILD	
ADDRESS		E-MAIL	
HOME PHONE	CELL PHONE	WORK PHONE	
OUT-OF-AREA CONTACT (IN CASE LOCAL CALLS CANNOT BE MADE)			
FIRST AND LAST NAME		RELATIONSHIP TO CHILD	
ADDRESS		E-MAIL	
HOME PHONE	CELL PHONE	WORK PHONE	
CHILD'S MEDICAL CARE			
PHYSICIAN'S NAME		PHONE NUMBER	
ADDRESS			
E-MAIL		WEBSITE	
MEDICAL CONDITIONS, SPECIAL NEEDS, ALLERGIES, MEDICATIONS, ETC.			
DENTIST'S NAME		PHONE NUMBER	
ADDRESS			
E-MAIL		WEBSITE	
HOSPITAL NAME		PHONE NUMBER	
ADDRESS			

I grant permission for the child care program to provide or arrange for medical treatment and/or transportation to an evacuation site and/or medical facility for my child during an emergency or disaster. I grant permission for my child to be released to any of the emergency contacts designated above if I am unable to pick them up in an emergency.

PARENT/GUARDIAN NAME (Please print)	SIGNATURE	DATE
PARENT/GUARDIAN NAME (Please print)	SIGNATURE	DATE