



Child Care Emergency Contact Information and Consent

Child's name: _____ Birthdate: _____

Parent/guardian name #1: _____

Telephone numbers: H: _____ W _____

Cell phone _____

Parent/guardian name #2: _____

Telephone numbers: H: _____ W _____

Cell phone: _____

Child's Health Care Provider

Name: _____ Phone _____

Address: _____

Child's Health Insurance

Name of Insurance plan _____ ID# _____

Subscriber's name on insurance card _____

List special conditions, disabilities, allergies or medical information for emergency situations:

Parent/Guardian Consent and Agreement for Emergencies

(Parents/Guardians are responsible for all emergency transport charges)

As parent/guardian, I give consent to have my child, _____ receive first aid/CPR by the child care staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed on my child's Emergency Card to **act on my behalf** until I am available. I agree to review and update this information whenever a change occurs and at least every year. In the event of accidental poisoning, I agree that my child may receive Syrup of Ipecac if, and as, directed by the Poison Control Center.

Parent/Guardian Signature #1: _____ Date: _____

Parent/Guardian Signature #2: _____ Date: _____