## **Emergency Contact and Consent**



This form must accompany staff	when ch	ildren are away from the childc	are si	ite	
Child's Name (First, Last)					
Date of Birth					
ALLERGY ALERT Does your child have allergies?	YES [	NO If yes, list all allergies	s in r	equired box.	
Parent or Guardian Contact Information					
Name (First, Last)			Relationship		
Home Address (Street, City, Zip)					
Primary Phone	Email A	Email Address			
Address (Street, City, Zip)			Work Phone		
Name (First, Last)			Relationship		
Home Address (Street, City, Zip)					
Primary Phone Email Address					
Address (Street, City, Zip)			Work Phone		
Required Emergency Contact Information – per	rson othe	er than parent or guardian that	is au	thorized to pick up child	
Name (First, Last)		Phone	Relationship		
Name (First, Last)		Phone	Relationship		
Name (First, Last)		Phone	Relationship		
Required Medical Information					
Primary Medical Care Provider			Phone		
Health Concerns (Please explain)			ı 		
Allergies					
Parent or Guardian Authorization					
In an emergency, the child care facility has my permission to provid ambulance or vehicle if necessary. The parent/guardian of the chil			ncludi	ing transporting child by	
Parent/Guardian Signature		Date			
(This form must be completed and signed annually)					