



CHILD CARE EMERGENCY CONTACT INFORMATION

Child's name: _____

Birthdate: _____

Parent/guardian name

#1: _____

Telephone numbers: Home (_____) _____ Work
(_____) _____

Parent/guardian name

#2: _____

Telephone numbers: Home (_____) _____ Work
(_____) _____

Emergency contacts to whom child may be released if parent/guardian is unavailable:

Name & relationship

#1: _____

Telephone numbers: Home (_____) _____ Work
(_____) _____

Name & relationship

#2: _____

Telephone numbers: Home (_____) _____ Work
(_____) _____

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:

List preference for transport arrangement in an emergency situation (*Parents/guardians are responsible for all emergency transportation charges.*) :

Hospital preference: 1st Choice _____ 2nd

Choice _____

Parent/Guardian Consent and Agreement for Emergencies:

As parent/guardian, I give consent to have my child,

_____, receive first aid by the child care staff, and, if necessary, be transported to receive emergency care. I also authorize the Director or Director Designee to contact my child's health care provider to alert him/her to my child's situation. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above 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 6 months.

Parent/Guardian Signature

#1 _____ Date: _____

Parent/Guardian Signature

#2 _____ Date: _____

Source: Medication Administration in Child Care, Healthy Child Care New Jersey