



Emergency Contact and Consent

This form must accompany staff when children are away from the childcare site

Child's Name (First, Last)

Date of Birth

ALLERGY ALERT Does your child have allergies? YES NO If yes, list all allergies in required box.

Parent or Guardian Contact Information

Name (First, Last)	Relationship
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Home Address (Street, City, Zip)

Primary Phone	Email Address
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Work Address (Street, City, Zip)	Work Phone
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Name (First, Last)	Relationship
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Home Address (Street, City, Zip)

Primary Phone	Email Address
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Work Address (Street, City, Zip)	Work Phone
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Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
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Name (First, Last)	Phone	Relationship
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Name (First, Last)	Phone	Relationship
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Required Medical Information

Primary Medical Care Provider	Phone
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Health Concerns (Please explain)

Allergies

Parent or Guardian Authorization

In an emergency, the child care facility has my permission to provide or obtain emergency medical treatment including transporting child by ambulance or vehicle if necessary. The parent/guardian of the child will be notified as soon as possible.

Parent/Guardian Signature

Date

(This form must be completed and signed annually)