



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

Home Address (Street, City, Zip)

Primary Phone

Email Address

Work Address (Street, City, Zip)

Work Phone

Name (First, Last)

Relationship

Home Address (Street, City, Zip)

Primary Phone

Email Address

Work Address (Street, City, Zip)

Work Phone

Required Emergency Contact Information – person other than parent or guardian that is authorized 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)

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)