

Child's Care and Emergency Information

Name of Child (Last, First Middle Initial)		Name of Parents		
Child's Date of Birth	Home Phone Number	Address (Number and Street)		
Allergies, if any		City	State	Zip Code
Special Health Conditions, if any				
1. Mother's Location When Child's in Care		Hours of Employment	Phone Number	
Address		City	State	Zip Code
2. Father's Location When Child's in Care		Hours of Employment	Phone Number	
Address		City	State	Zip Code

Person Other Than Parent to be Notified in Emergency Situation

Name		Phone Number		
Address		City	State	Zip Code

Names of Persons Other Than Parent to Whom Child May Be Released

1.	2.
3.	4.

Emergency treatment and transportation:

I hereby give permission to _____ licensed by the Division of Child
(Child Care Provider)

Development to secure emergency medical, dental, and/or emergency surgical treatment and to provide emergency transportation for the above named minor child while in care. *Non-emergency medical treatment or elective surgery is not included in this authorization.*

Signature of Parent or Guardian	Date Signed
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Name of Child's Physician or Health Clinic	Office Hours	Phone Number		
Address		City	State	Zip Code
Preferred Hospital		Health Insurance Policy Name and Number		
Name of Child's Dentist	Office Hours	Phone Number		
Address		City	State	Zip Code

Field Trips and Activities Outside the Fenced Playground

I hereby give permission to _____ for my child to participate in a walking trip
(Child Care Provider)

or to be transported in a vehicle for a field trip. I further give permission to the facility for my child to participate in developmentally appropriate supervised activities outside of the fenced playground.

Signature of Parent or Guardian	Date Signed
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