

Child Emergency Information Sheet

Child's Name: _____

Child's Address: _____
Street City

Child's Phone Number: _____

Mother's Name: _____

Mother's Address: _____
(If different from child's) Street City

Mother's Home Phone: _____
(If different from child's)

Mother's Place of Employment: _____

Mother's Work Phone: _____

Phone where Mother can be contacted when child is here: _____

Father's Name: _____

Father's Address: _____
(If different from child's) Street City

Father's Home Phone: _____
(If different from child's)

Father's Place of Employment: _____

Father's Work Phone Number: _____

Phone where Father can be contacted when child is here: _____

E-mail address: _____
(We will send any important letters or updates to your email.)

Who will be dropping your child off in the morning?

Name _____ Relationship _____

Who will be picking your child up in the afternoon?

Name _____ Relationship _____

Who else has your permission to take your child from the daycare?

Name _____ Relationship _____

Name _____ Relationship _____

Who does NOT have your permission to take your child from the daycare?

Name _____ Relationship _____

Name _____ Relationship _____

PLEASE NOTE: A copy of the court decision must be on file in order for the daycare NOT to release a child to his/her noncustodial parent.

Who should the daycare contact in case of an Emergency?

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Name and Phone # of child's Doctor: _____

Any known Allergies? _____

On any Medications? _____

I give permission to **Room For Babies Daycare** to use whatever emergency measures are judged necessary for the care and protection of my child under their supervision.

In case of a medical emergency, I understand that my child will be transported to the appropriate medical facility by a local ambulance (air/ground) for treatment if the local emergency resource deems it necessary.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adults acting on the parents behalf.

Parent _____ Date _____