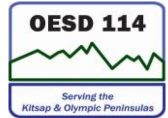
EMERGENCY CARE FORM

Emergency Treatment and Consent Form



Is anyone legally restricted from being in contact with your child? ☐ Yes ☐ No

If yes, name of person(s): ____________________

Staff must request a copy of legal documentation to attach in ChildPlus and a photo of the person(s to add to the Pick Up Alert prior to child starting class.

Child's Full Name: ____________________

Date of Birth: ____________________

Child's Home Address(es): ____________________

House/Apt#, Street *City* *ZIP*

	Parent/Guardian 1		Parent/Guardian 2	
Name:				
Phone:		☐ Cell ☐ Home ☐ Work		☐ Cell ☐ Home ☐ Work
Alt. Phone:		☐ Cell ☐ Home ☐ Work		☐ Cell ☐ Home ☐ Work

AUTHORIZATION TO BE RELEASED TO/AUTHORIZATION TO PICK UP

- *People listed below must show proper photo identification before your child will be released from the classroom.*
- *Emergency Contacts will be contacted when there is no response from parent/guardians in emergency or late pick-ups.*
- *I give permission for my child to be released to the following people for the current program year.*

Name of Emergency Contact: ____________________

Relationship to Child: ____________________ City and State: ____________________

Phone: ____________________ ☐ Cell ☐ Home ☐ Work

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Relationship to Child: ____________________ City and State: ____________________

Phone: ____________________ ☐ Cell ☐ Home ☐ Work

Name of Emergency Contact: ____________________

Relationship to Child: ____________________ City and State: ____________________

Phone: ____________________ ☐ Cell ☐ Home ☐ Work

Medical Condition/Allergies if any *(if none, write none):* ____________________

Medications if any *(if none, write none):* ____________________

Child's Health Care Provider Name: ____________________

Phone: ____________________ Fax: ____________________

Child's Insurance: ____________________

Child's Dentist Name: ____________________

Phone: ____________________ Fax: ____________________

For your child's safety your signature below grants trained Early Learning Staff permission to provide your child with emergency treatment including First Aid and CPIR. When deemed immediately necessary, medical, surgical and hospital care, treatment and procedures will be provided by your child's regular health care provider or by a licensed physician or hospital. If you cannot be reached, transportation will be provided by ambulance, aid car or by any of the people named above to an emergency center for treatment.

Parent/Legal Guardian Signature: ____________________ Date: __________