

Primetime Child and Family Education Center Emergency Information

Child's Name _____ Birth date _____

Address _____

Parent/Guardian name _____

Telephone Numbers: Home _____ Work _____ Cell _____

Parent/Guardian name _____

Telephone Numbers: Home _____ Work _____ Cell _____

Emergency Contacts

In case of emergency and parents/guardians cannot be reached, please notify:

Name _____ Relationship _____

Telephone Numbers: Home _____ Work _____ Cell _____

Name _____ Relationship _____

Telephone Numbers: Home _____ Work _____ Cell _____

Child's Usual Source of Medical Care

Doctor's Name _____

Address _____

Telephone Number _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations

Parent/Legal Guardian Consent and Agreement for Emergencies

I give permission to Primetime Child and Family Education Center Inc to make any appropriate decisions regarding medical emergencies, evacuations, first aid, etc. for the safety and well being of my child while in their care. I understand that in an emergency, my child may be transported to a local emergency unit if the medical emergency responders deem this necessary. It is understood that, in some medical situations, it may be necessary to contact the local emergency responders before the parent, child's physician, and/or other adults acting on the parent's behalf. I understand that I will be responsible for all charges not covered by my personal insurance carrier. I give consent for the emergency contact persons listed above to act on my behalf until I am available.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Primetime Child and Family
Education Center, Inc.

510 E Watertower Street
Meridian, ID 83642

Phone (208) 884-0383 Fax (208) 884-8721

Emergency Transportation Permission Agreement

I hereby give permission for Primetime Child and Family Education Center to transport my child, _____, to an emergency relocation site for staff, teachers and children when it is unsafe to remain at the child care facility.

I understand that normal safety rules will be followed, as much as possible, but that the highest priority is to relocate to a safe location.

This agreement shall remain in effect for as long as my child is enrolled at Primetime Child and Family Education Center. The agreement may be terminated before this time, but only with written notification.

Parent/Guardian Printed Name: _____

Home Address: _____

Phone: _____ Alternative Phone: _____

Special Considerations for Emergency Transportation:

Signed and Dated

Parent or Guardian

Date