

# Little Learners Emergency Form

Child's Name \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_ Allergies \_\_\_\_\_  
MO/A/YYYY

Medical Conditions \_\_\_\_\_

Hours and Days of Attendance \_\_\_\_\_

Child's Home Address \_\_\_\_\_  
Street City State Zip Code

Mother's Name \_\_\_\_\_ Telephone(C) \_\_\_\_\_ (H) \_\_\_\_\_  
Last First

Mother's Home Address (If different from above) \_\_\_\_\_  
Street City State Zip Code

Mother's Employer/School \_\_\_\_\_  
Name Address

Father's Name \_\_\_\_\_ Telephone(C) \_\_\_\_\_ (H) \_\_\_\_\_  
Last First

Father's Home Address (If different from above) \_\_\_\_\_  
Street City State Zip Code

Father's Employer/School \_\_\_\_\_  
Name Address

Name of Person Authorized to Pick-Up Daily \_\_\_\_\_  
Last First Relationship to Child

Address \_\_\_\_\_  
Street City State Zip Code

**When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:**

1. Name \_\_\_\_\_ Telephone(C) \_\_\_\_\_ (H) \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City State Zip Code

2. Name \_\_\_\_\_ Telephone(C) \_\_\_\_\_ (H) \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City State Zip Code

3. Name \_\_\_\_\_ Telephone(C) \_\_\_\_\_ (H) \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City State Zip Code

Child's Physician or Source of Health Care \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_