



## Emergency Form

**CHILD'S NAME:** \_\_\_\_\_

**PERSON TO CALL IN AN EMERGENCY:**

Person's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**CHILD'S PHYSICIAN / MEDICAL OFFICE:**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Medical Office: \_\_\_\_\_ Phone: \_\_\_\_\_

**CALLING 911:**

Is it okay for Day One to call 911 for your child in case of an emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMERGENCY HOSPITAL PREFERENCE:**

Please List here: \_\_\_\_\_

**CHILD'S PHYSICIAN / MEDICAL OFFICE:**

I, \_\_\_\_\_, Hereby give my permission for Day One Learning Center to call for medical or surgical care for my child named above should an emergency arise. It is understood that in an emergency situation, every effort will be made to notify me immediately after appropriate rescue personnel have been called. I understand that emergency expenses and medical treatment and care are accepted by me.

In the event the above named person is not reached, below is an additional list of emergency contacts

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

NAME OF PARENT / GUARDIAN TO BE SIGNED HERE

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

PRINT NAME OF PARENT / GUARDIAN WHO SIGNED ABOVE