

Emergency Contact Information

Name: _____ Birthdate: _____
Home Address: _____

Legal Guardian #1 Name: _____
Phone Numbers:
Work _____ Home _____ Mobile _____
E-mail address: _____

Legal Guardian #2 Name: _____
Phone Numbers:
Work _____ Home _____ Mobile _____
E-mail address: _____

EMERGENCY CONTACTS (to whom child may be released if legal guardian is unavailable)

Name: _____
Phone Numbers:
Work _____ Home _____ Mobile _____

Name: _____
Phone Numbers:
Work _____ Home _____ Mobile _____

Child's Usual Source of Medical Care

Name: _____ Phone _____
Address: _____

Hospital Name: _____ Phone _____
Address: _____

Child's Health Insurance: _____
Subscriber's Name (on insurance card): _____ ID# _____

Special Conditions, Disabilities, Allergies or Medical Information for emergency situations

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to the **DOT Child Development Center** to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 3 months.

Date: _____ Parent/Legal Guardian #1 _____

Date: _____ Parent/Legal Guardian #2 _____