EMERGENCY FORM

INSTRUCTIONS TO PARENTS:
(1) Complete all items on this side of the form. Sign and date where indicated.
(2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

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

1. Name _____ (Last) _____ (First) Telephone (H) _____ (W) _____
   Address _____ (Street/Apt.#) _____ (City) _____ (State) _____ (Zip Code)
2. Name _____ (Last) _____ (First) Telephone (H) _____ (W) _____
   Address _____ (Street/Apt.#) _____ (City) _____ (State) _____ (Zip Code)
3. Name _____ (Last) _____ (First) Telephone (H) _____ (W) _____
   Address _____ (Street/Apt.#) _____ (City) _____ (State) _____ (Zip Code)

Child's Physician or Source of Health Care _____ Telephone _____

Address _____ (Street/Apt.#) _____ (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 _____

Child's Name _____ (Last) _____ (First) Birth Date _____

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____ (Street/Apt.#) _____ (City) _____ (State) _____ (Zip Code)

Mother's Name _____ (Last) _____ (First) Home Telephone _____

Mother's Employer/School _____ (Name) _____ (Address)

Mother's Home Address *(If different from above)* _____ (Street/Apt.#) _____ (City) _____ (State) _____ (Zip Code)

Work Telephone _____ Cellular Phone _____ Beeper _____

Father's Name _____ (Last) _____ (First) Home Telephone _____

Father's Employer/School _____ (Name) _____ (Address)

Father's Home Address *(If different from above)* _____ (Street/Apt.#) _____ (City) _____ (State) _____ (Zip Code)

Work Telephone _____ Cellular Phone _____ Beeper _____

Name of Person Authorized to Pick Up Child *(daily)* _____ (Last) _____ (First) _____ Relationship to Child

Address _____ (Street/Apt.#) _____ (City) _____ (State) _____ (Zip Code)

ANNUAL UPDATES _____ *(Initials/Date)* _____ *(Initials/Date)* _____ *(Initials/Date)* _____ *(Initials/Date)*