Updated:_____

EMERGENCY CHILD RECORD

Child's Name:_____ Birthdate:_____

Mother:_____ Father:_____

Home address:_____ Home address:_____

Mailing address:_____ Mailing address:_____

Home phone: _____Work phone:_____ Home phone:_____Work phone:_____

Work location:_____ Work location:_____

Child's usual source of medical care: Name _____

Address:_____Phone:_____

Emergency contacts: Name, address and phone of person(s) who can take responsibility for the child if parent can't be reached in an emergency:_____

_____

Medication or medical treatment required by the child:_____

Allergies, including foods, drugs:_____

Special dietary needs:_____

Person(s) authorized to take child from child care:_____

Siblings enrolled with care provider:_____

Signature of parent or guardian:_____ **Date:**_____

(Use of this side of the form is optional)

CONSENT FOR EMERGENCY MEDICAL OR SURGICAL CARE

This authorizes (**Name of child care provider):**_____to give permission to medical or hospital personnel to provide emergency medical or surgical care for (**Child's name**): _____ if I cannot be contacted immediately. I understand that a conscientious effort will be made to locate me or my child's other parent or guardian before any action is taken. I understand my obligation to keep my child care provider informed on my whereabouts. I will assume the cost of necessary medical or surgical care.

_____	_____
Signature of witness	**Signature of Parent or Guardian**
_____	_____
Date	**Date**
_____	_____
Signature of witness	**Expiration Date**
_____	
Date	