

ST. MARY'S EXTENDED DAYCARE PROGRAM
EMERGENCY CONTACT INFORMATION

Child's Name: _____ Birthdate: _____

Home Address: _____

Parent or Guardian (Father): _____

Telephone Numbers: Home _____ Work _____

Cell Phone: _____ E-mail Address: _____

Home Address: _____

Place of Employment: _____ Department: _____

Phone Number: _____

Parent or Guardian (Mother): _____

Telephone Numbers: Home _____ Work _____

Cell Phone: _____ E-mail Address: _____

Home Address: _____

Place of Employment: _____ Department: _____

Phone Number: _____

Emergency Contacts (when attempts to reach parents are not successful and who may pick child up)

Name #1: _____

Telephone Numbers: Home _____ Work _____

Name #2: _____

Telephone Numbers: Home _____ Work _____

Person's authorized to pick child up:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

We must have written permission for anyone other than parent/guardian NOT on the list to pick-up Student from our program.

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Child's Usual Source of Medical Care Physician's

Name: _____ Phone #: _____

Address: _____

Hospital to take child in case of an emergency: _____

Child's Health Insurance Name of Insurance Plan:

Certificate Number (or ID) #: _____ Group #: _____

Policy Holder's Name: _____

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 have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Date: _____ Parent/Guardian #1 Signature _____

Date: _____ Parent/Guardian #2 Signature _____