

EMERGENCY CONTACT and CHILD RELEASE FORM

CHILD'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

MOTHER'S NAME / LEGAL GUARDIAN \_\_\_\_\_ MAIN PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

Location during the childcare day (Business name & address, work from home, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

FATHER'S NAME / LEGAL GUARDIAN \_\_\_\_\_ MAIN PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

Location during the childcare day (Business name & address, work from home, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT IS THE BEST PHONE NUMBER TO REACH A PARENT/GUARDIAN DURING THE DAY?**

1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACT PERSON(S) and PERSON(S) TO WHOM CHILD MAY BE RELEASED**  
\*By listing an individual on the emergency contact list, the parent is also permitting the child to be released to the said individual\*

Name	Address on photo ID	Daytime Phone Number

Name of child's physician / medical care provider \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Special disabilities (if any) \_\_\_\_\_

Allergies (including reaction to medication) \_\_\_\_\_

Medical/dietary info necessary in an emergency \_\_\_\_\_

Medication, special conditions \_\_\_\_\_

Additional information on special needs of child \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy Number (required) \_\_\_\_\_

- I understand all the information on this form and i know it is my responsibility to inform the staff of any questions or misunderstandings I may have.
- the information on the front side of this form is true and correct to the best of my knowledge. i understand that it is my responsibility to inform my child’s school in writing of any changes that need to be made on this form.
- I give permission for my child to receive minor first aid in the event of an accident while at school.
- I give permission for my child to obtain emergency medical care in the event of an emergency and to be transported by staff or an emergency vehicle in the event of an emergency as defined by the staff.
- I understand that in an emergency, parents will be contacted first. if they are unable to be reached, emergency contact person(s) will be contacted next.
- I give permission for my child’s teachers to call my child’s physical/medical care provider and/or transport my child to the doctor’s office and/or hospital in the event of an emergency. i also give permission for my child to ride in an ambulance/emergency vehicle in the event of an emergency.
- I understand that in the event of an emergency, my child’s teachers will provide care to the best of their abilities. I authorize my child’s school staff to make emergency decisions in my place in the event of an emergency. these decisions may include, but are not limited to, administration of first aid treatment, decisions to take or have my child taken to the doctor’s office and/or hospital, administration of cpr, etc.

**\*\*Sign and date every 6 months\*\***

Both parents’/guardians’ signatures are required if different residences.

Mother / Legal Guardian 1 Signature	Date	Father / Legal Guardian 2 Signature	Date