



Emergency Information Card

Child's Start Date: _____

Child's Full Name _____ Birthdate _____

Address _____

City _____ State _____ Zip Code _____

Emergency Phone _____ Emergency Contact Person _____

Mother's Name _____ Cell # _____

Employed By _____ Work# _____ ext# _____

Email address _____

Father's Name _____ Cell # _____

Employed By _____ Work# _____ ext# _____

Email Address _____

Physician Name _____ Office # _____

Medical Information/List of Allergies/Special Needs: *(if not applicable, document "N/A")*

In **Case of Emergency**, please list persons authorized to pick up your child other than parents:

Relationship: _____ Name _____ Contact Phone # _____

Relationship: _____ Name _____ Contact Phone # _____

Persons authorized to pick up your child (non-emergency) basis other than parents

Relationship: _____ Name _____ Contact Phone # _____

Relationship: _____ Name _____ Contact Phone # _____

I give consent to transport my child by ambulance if the situation warrants and give consent to the hospital to which my child is transported to administer necessary treatment in the event of an emergency and I cannot be reached.

Parent's Signature: _____ Date: _____

* Legal Documentation of special custody must be on record in the child's file

This form MUST be completed by the parent/guardian and returned as soon as possible. Electronic submission of this form via e-mail is with the understanding that I am in agreement with the information indicated above and any updates to this information is the responsibility of the parent/guardian to inform Child Care of Brandon.

Childcare of Brandon

Copyright 2015 Childcare of Brandon, all rights reserved.