HOPE CHILD DEVELOPMENT CENTER

EMERGENCY FORM

Child's Name		Date of Birth (DD/MM/YYYY) / /
Child's Address		

Mother's Name		Father's Name	
Mother's Address		Father's Address	
Phone (H)	Phone (C)	Phone (H)	Phone (C)
Mother's Employer		Father's Employer	
Employer's Address		Employer's Address	
Phone (W)		Phone (W)	

EMERGENCY INFORMATION: In case of emergency or if you are unable to pick your child, the following individuals have permission to pick up your child at Hope Child Development Center.

Name	Name
Phone	Phone
Relationship to child	Relationship to child
Name	Name
Phone	Phone
Relationship to child	Relationship to child
Name	Name
Phone	Phone
Relationship to child	Relationship to child

MEDICAL INFORMATION

Physician's Name		Dentist's Name	
Physician's Address		Dentist's Address	
Phone	Fax	Phone	Fax
Please list all allergies & other health conditions:			
Please list all your child's medication:			
Insurance Co. Name:		Policy#:	
Group#:		Hospital Preference:	

DO WE HAVE YOUR PERMISSION?	Yes	No
To treat minor injuries by our certified first-aid staff?		
To contact local emergency medical personnel in case of emergency?		
To arrange for transportation to nearest medical facility?		
To contact aforementioned emergency persons if parents cannot be reached?		
Does your child have permission to participate in activities and use all materials provided		

I give permission to Hope Child Development Center Staff to make whatever emergency measures as judged necessary for the care and protection of my child while under their supervision which includes first aid by trained staff. In case of a medical emergency, I understand that my child will be transported to any appropriate medical facility by the local emergency unit for further treatment if the local emergency resource deems necessary. It is understood that in some medical situations, the staff will need to contact the local emergency resource, before the parent, child's physician, and/or other adult acting on the parent's behalf. It is understood that expenses incurred will be the responsibility of the child's parents.

SIGNATURE_____ DATE_____

Parent or Legal Guardian