**CHILD CARE EMERGENCY CONTACT INFORMATION AND CONSENT FORM**

Child’s Name: Birth Date:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verification Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (To be used when verifying change of pick-up information)

Parent/Guardian #1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Home Work Cell/Text:

Parent/Guardian #2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Home Work Cell/Text:

**EMERGENCY CONTACTS** (to whom child may be released if guardian is unavailable)

Name #1: Relationship:

Telephone: Home Work Beeper/Cell

Name #2: Relationship:

Telephone: Home Work Beeper/Cell

**CHILD’S PREFERRED SOURCES OF MEDICAL CARE**

Physician’s name:

Address: Telephone:

Dentist’s name:

Address: Telephone:

Hospital name:

Address: Telephone:

**(Parents are responsible for all emergency transportation charges)**

**CHILD’S HEALTH INSURANCE**

Insurance Plan: ID #

Subscriber’s Name (on insurance card):

**SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, OR MEDICAL EMERGENCY INFORMATION**

**PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES:**

As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I consent for the emergency contact person listed above to **ACT ON MY BEHALF** until I am available. I consent to allow the emergency contact person listed above and staff of Golden Rule Child Care access to my child’s health records. I agree to review and update this information whenever a change occurs and at least every 6 months.

Parent/Guardian Signature: Date:

Parent/Guardian Signature: Date: