

Emergency Contact #1 – Other Than Mother or Father

Name: _____ Relationship: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Authorized to pick up child from daycare: YES NO

Emergency Contact #2 – Other Than Mother or Father

Name: _____ Relationship: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Authorized to pick up child from daycare: YES NO

Emergency Contact #3 – Other Than Mother or Father

Name: _____ Relationship: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Authorized to pick up child from daycare: YES NO

Emergency Contact #4 – Other Than Mother or Father

Name: _____ Relationship: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Authorized to pick up child from daycare: YES NO

NOT AUTHORIZED to pick up my child from daycare

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Medical Information:

Doctor's Name: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Regular Medications: _____

Medical Allergies: _____

Other Allergies: _____

Special Health Considerations:

Medical Treatment Authorization:

In the event that I cannot be contacted immediately. I authorize medical treatment for my child/children prescribed by a treating physician, and I agree to hold Kids Inc. and it's employees harmless.

YES NO

Circle one

Field Trip Authorization:

I authorize my child to participate in field trips and to participate in activities outside the day care for the benefit of the child.

YES NO

Circle one

Authorization Signature(s)

Signature Printed Name Relationship

Signature Printed Name Relationship

Today's Date: _____