

CHILD CARE EMERGENCY CONTACT INFORMATION

Child's Name: _____ Birth Date: _____

Emergency Contacts (to whom child may be released if guardian is unavailable)

Name: _____ Phone #: _____ Relationship _____

Name: _____ Phone # _____ Relationship _____

Name: _____ Phone # _____ Relationship _____

Name: _____ Phone # _____ Relationship _____

Medical Care:

Doctor's Name: _____

Address: _____ Phone: _____

Dentist's Name or N/A _____ Phone: _____

Parent/Guardian Consent and Agreement for Emergencies:

As parent/guardian, I give consent to have my child receive first aid by facility staff, and if necessary, be transported to receive emergency care. I give consent for the emergency contact persons listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs.

Date: _____ Parent/Guardian Signature: _____

Parental Awareness of Recordings:

I am aware that Kids Count, Inc, utilizes recordings and/or taping of my child such as digital recordings, videotaping, audio recordings, and web cam while in the center for observation/security purposes.

Date: _____ Parent/Guardian Signature: _____

Authorization for Application of Topicals:

I give permission for center staff to apply the following topical products on my child:

Yes No

() () Diaper rash ointment

() () Insect repellent

() () Sunscreen This is a one-time authorization

Date: _____ Parent/Guardian Signature: _____

