

EMERGENCY INFORMATION

NOTE: THIS ENTIRE FORM MUST BE UPDATED SEMI-ANNUALLY.

Child's Name _____ Birth Date _____
Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____
Street/Apt. # City State Zip Code

Parent/Guardian 1:	Parent/Guardian 2:
Name:	Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Employer/School:	Employer/School:
Employer/School Address:	Employer/School Address:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:

Name of Person Authorized to Pick-Up Child (daily) _____
Last First Relationship to Child

Address _____
Street/Apt. # City State Zip Code Telephone

When parents cannot be reached, list at least two people who may be contacted to pick up in an emergency:

1. Name _____ Relationship _____
Last First
Telephone (H) _____ (W) _____ (Cell) _____
Address _____
Street/Apt. # City State Zip Code
2. Name _____ Relationship _____
Last First
Telephone (H) _____ (W) _____ (Cell) _____
Address _____
Street/Apt. # City State Zip Code
3. Name _____ Relationship _____
Last First
Telephone (H) _____ (W) _____ (Cell) _____
Address _____
Street/Apt. # City State Zip Code

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
Street/Apt. # _____ City _____ State _____ Zip Code _____

Child's Dentist _____ Telephone _____

Address _____
Street/Apt. # _____ City _____ State _____ Zip Code _____

Health Insurance Provider and Policy Number: _____

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, in the event such an emergency occurs and I cannot be reached, I hereby authorize Kiddie Academy® to provide for the transportation of my child to (Name of Hospital) _____

Address: _____ Phone: _____

(or the nearest hospital) and to secure for my child all necessary medical treatment. I understand that the teachers in the child care center are trained in the basics of first aid and I authorize them to provide my child with first aid when appropriate.

Signature of Parent/Guardian

Date

SEMI-ANNUAL UPDATE (Sign if information remains the same, otherwise complete a new form)

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date