Emergency Contact Information

Child's Name:	
Birth date:	
Street address:	
City, State, Zip Code:	

Mother's (guardian's) name:	
Home Phone:	

Father's (Guardian's) name:	
Home Phone:	

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

1st Alternate Contact:	
Relationship to child:	
Home street address:	
City, State, Zip Code:	
Home Phone:	
Is this person authorized to make medical decisions for your child if you cannot be reached? Yes_____ No _____	

2nd Alternate Contact:	
Relationship to child:	
Home street address:	
City, State, Zip Code:	
Home Phone:	
Is this person authorized to make medical decisions for your child if you cannot be reached? Yes_____ No _____	

Child's Doctor (or name of clinic):	
Street Address:	
City, State, Zip Code:	
Telephone Number:	

This is a legally binding form. By signing below, you state that all the information contained on this form is correct to the best of your knowledge. Giving false information would be grounds for termination of childcare services, forfeiture of retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Provider Signature	Date