

Child Care Emergency Form

Child's Name	
Date of Birth	
Address	
Gender	
Hours & Days of Attendance	
Allergies	
Medications	
Medical Conditions	
Physician's Name	
Physician's Phone Number	
Emergency Contact Name	
Emergency Contact Phone Number	



Parent/Guardian Name	
Phone Number	
Email Address	
Parent/Guardian Name	
Phone Number	
Email Address	

Signature of Parent/Guardian:

Date:

Signature of Parent/Guardian:

Date:

