

Capitol Park Early Learning Center Emergency Contact and Authorization Form

Child's Name: _____ Date of Birth: _____ Sex: _____

Address where child lives: _____ City: _____ Zip Code: _____

Mother/Guardian Name	Mother/Guardian Phone Number	Father/Guardian Name	Father/Guardian Phone Number
Address (if different):		Address (if different):	
Email Address:		Email Address:	
Place of Work:	Work Phone:	Place of Work:	Work Phone:

Health/Dental Emergency Contact Information: All information requested is required for children of all ages.

(The following would be at the expense of the parent)

Doctor: _____ Address: _____ Phone Number: _____
 Dentist: _____ Address: _____ Phone Number: _____
 Allergies: _____ Chronic Health Conditions: _____ Medications: _____
 Insurance Carrier: _____ Policy # _____
 Dental Insurance: _____ Policy # _____

In case of any life threatening conditions or injury, 911 rescue will be called immediately and the names child will be taken to the closest hospital.

I hereby give my consent to Capitol Park Early Learning Center to secure emergency care for the above named child.

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact Information

Every effort will be made to contact the parent/legal guardian in an emergency. In the event the parent/legal guardian cannot be located, please list below relatives, friends or daycare directors who are authorized by you to make decisions regarding medical or dental care and/or treatment for the named child, and/or to pick up your child from the center. They must present photo identification to pick up your child.

Name	Relationship to Child	Phone Number	Check if Emergency Contact	Check if Permission to Pick-Up

I agree to notify the center if there are any changes to the above information.

Signature of Parent/Guardian _____ Date: _____

To be updated twice yearly, November/June.

I attest that the information on the front of the sheet is still correct and no changes need to be made. I understand it is my responsibility to be sure Capitol Park Early Learning Center has the most up to date information on file for my child.

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____