

Daycare Student Emergency Contact and Authorization Form

Please fill out this form completely. This document will be kept on file for emergency situations and authorized pick-up verification.

1. Student Information

Student's Full Name:

Date of Birth (MM/DD/YYYY):

Home Address:

Classroom / Group:

2. Primary Parent / Guardian Contacts

Parent/Guardian 1

Full Name:

Relationship to Child:

Primary Phone:

Secondary Phone:

Email Address:

Parent/Guardian 2

Full Name:

Relationship to Child:

Primary Phone:

Secondary Phone:

Email Address:

3. Alternate Emergency Contacts (Authorized to pick up child if parents cannot be reached)

Emergency Contact 1

Full Name:

Relationship to Child:

Primary Phone:

Emergency Contact 2

Full Name:

Relationship to Child:

Primary Phone:

4. Medical Information & Physician Contact

Child's Primary Physician:

Physician Phone Number:

Preferred Hospital:

Known Allergies / Medical Conditions / Dietary Restrictions:

5. Authorization for Emergency Medical Treatment & Release

I hereby authorize the daycare staff to take necessary steps to obtain emergency medical care for my child if warranted. I also authorize the individuals listed above to pick up my child from the facility.

Parent / Guardian Printed Name:

Parent / Guardian Signature (Sign here upon printing):

Date: