

EMERGENCY CONTACT

If information needs to be changed/update or added, completion of a new form is required.

Child's Name: _____ Date of Birth: _____
Address: _____ Zip Code: _____
Parent/Guardian 1 Name: _____
Address: _____ W Phone: _____
Employer: _____ H Phone: _____
e-mail: _____ C Phone: _____
Parent/Guardian 2 Name: _____
Address: _____ W Phone: _____
Employer: _____ H Phone: _____
e-mail: _____ C Phone: _____

CHILD RELEASE AUTHORIZATION

List a minimum of three (3) additional authorized pick up people (including second parent/guardian): ID will be required for these people to pick up your child.

1. _____ H Phone: _____
Address: _____ Relationship to child: _____
ID number and type: _____
2. _____ H Phone: _____
Address: _____ Relationship to child: _____
ID number and type: _____
3. _____ H Phone: _____
Address: _____ Relationship to child: _____
ID number and type: _____

Out of State Emergency Contact

_____ H Phone: _____
Address: _____ Relationship to child: _____
For the safety of your child, we will request all authorized pick up people with who staff are not familiar to provide photo I.D. at time of pick up.

MEDICAL RELEASE

Doctor's Name _____ Phone: _____
Dentist Name _____ Phone: _____

I give permission to North Queen Anne Day Care to make whatever emergency (ie: first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the center. In case of a medical emergency, I understand that my child will be transported to **Swedish Hospital in Ballard** by the local emergency unit for treatment as they deem it necessary. It is understood that in some medical situations the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

EMERGENCY MEDICAL INFORMATION

Allergies/Special Needs: YES NO

(If yes, please request an Individual Health Plan, to be filled out by you and your child's doctor)

Insurance Information _____ Group # _____

Parent/Guardian Signature _____ Date _____