

**Roots and Fruits
Child Care Emergency Form**

Child's Name: _____ Date of Birth: _____

Parent/Guardian # 1 Name: _____
Telephone Numbers: Home: _____ Work: _____ Cell: _____

Parent/Guardian # 2 Name: _____
Telephone Numbers: Home: _____ Work: _____ Cell: _____

When there is a medical emergency, or when a child needs immediate medical treatment, the provider will take all reasonable steps to see that the children in her/his care receive adequate medical care. When appropriate, the provider will call 911 and the parent (s). If the parent (s) cannot be reached, the provider will call the person (s) listed below who are authorized by the parent to give permission for the medical treatment of the child. These person (s) authorized to do so are:

Emergency Contacts:

Name # 1: _____
Address: _____
Telephone Numbers: Home: _____ Work: _____ Cell: _____

Name # 2: _____
Address: _____
Telephone Numbers: Home: _____ Work: _____ Cell: _____

Name of child's physician or health clinic: _____

Phone number of doctor or health clinic: _____

Child's hospital: _____ Phone #: _____

Name of child's dentist: _____ Phone #: _____

Child's Health Insurance

Name of Insurance Plan: _____ ID # _____

Subscriber's Name (on insurance card): _____

Allergies: _____ Last DPT _____

Medications Taken Regularly _____

Other Significant Medical Information: _____

If the parent (s) and the authorized person (s) cannot be reached, the provider will call the child's doctor, identified above. If the child must be taken to the hospital, the provider will take the child to the child's hospital identified above. If under the circumstances, it is more reasonable to bring the child to another hospital, the provider will do so. In the situation where the parent (s) and the person (s) authorized to give permission for medical treatment are not able to be reached, the parent authorizes the child's doctor to provide the appropriate medical treatment for the child.

Parent/Legal Guardian's Signature _____ Date: _____

Parent/Legal Guardian's Signature _____ Date: _____

If the parent or legal guardian is under age 18, a co-signer must sign this agreement.

Co-signer's signature: _____ Date: _____