Providers Name: Date: Address:	
Child's Photo	Date:
Mother's Name: Father's Name: Mothers Home Phone: Emergency Contact: Address:	Work Phone: Father's Home Phone Phone:
Child's Doctor: Child's Health # Allergies: Medication:	Phone:
Child's Dentist:	Phone: ider's policy to notify a parent when a child is
ill or in need of medical attention. Occasionally we are unable to contact parents, and we need to get immediate help for the child.	
Our procedure is to have the child taken to the nearest emergency service by ambulance. (Ambulance fee is the parent's responsibility.) If an ambulance is not available, the child care provider/staff of the	
child care will transport the child I hereby give permission to the child care provider/staff of	
(name of child care home) arrangements for my c	to make necessary transportation hild who has (name of child)
become ill or injured. Signature of parent/guardian	 Signature of parent/guardian
Date	Signature of provider

Print on card stock. Fold on center line and glue. Keep one for each child in your first aid kit. Remember to take on field trips and outings.

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