

Child's Name:		Birthdate:	
Address:		Home Phone:	
<b>Mother's Information</b> Name: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____		<b>Father's Information</b> Name: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____	
<b>EMERGENCY CONTACT (if can't get a hold of parent)</b> Name: _____ Relationship to Child: _____ Phone: _____ Address: _____		<b>AUTHORIZED TO PICK UP/OTHER THAN PARENT</b> Name: _____ Relationship to Child: _____ Phone: _____ Address: _____	
<b>MEDICAL INFORMATION</b> <b>ALLERGIES:</b> _____ <b>MEDICATIONS:</b> _____ <b>PHYSICIANS NAME:</b> _____ <b>PHYSICIANS PHONE:</b> _____		<b>OTHERS AUTHORIZED TO PICK UP CHILD</b> <b>NAME:</b> _____ <b>RELATIONSHIP TO CHILD:</b> _____ <b>PHONE:</b> _____	

I give permission to Aunt Nancy's Childcare to make whatever emergency (i.e. first aide, 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 the nearest medical center by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary. The child will be transported at the expense of the legal guardian of the child. 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name:		Birthdate:	
Address:		Home Phone:	
<b>Mother's Information</b> Name: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____		<b>Father's Information</b> Name: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____	
<b>EMERGENCY CONTACT (if can't get a hold of parent)</b> Name: _____ Relationship to Child: _____ Phone: _____ Address: _____		<b>AUTHORIZED TO PICK UP/OTHER THAN PARENT</b> Name: _____ Relationship to Child: _____ Phone: _____ Address: _____	
<b>MEDICAL INFORMATION</b> <b>ALLERGIES:</b> _____ <b>MEDICATIONS:</b> _____ <b>PHYSICIANS NAME:</b> _____ <b>PHYSICIANS PHONE:</b> _____		<b>OTHERS AUTHORIZED TO PICK UP CHILD</b> <b>NAME:</b> _____ <b>RELATIONSHIP TO CHILD:</b> _____ <b>PHONE:</b> _____	

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

