

EMERGENCY CONTACT FORM

Child's Name _____ Date of Birth _____

Child's Address _____

EMERGENCY CONTACT INFO	
Parent/Guardian #1 Name _____ Address (if different than child's) _____ _____ E-mail _____ Phone (c) _____ Phone (w) _____ Phone (h) _____	Parent/Guardian #2 Name _____ Address (if different than child's and guardian #1) _____ _____ E-mail _____ Phone (c) _____ Phone (w) _____ Phone (h) _____
Emergency Contact #1 <small>(to whom child may be released if parent/guardian is unavailable)</small> Name _____ Address _____ _____ Relationship _____ Phone (c) _____ Phone (w) _____ Phone (h) _____	Emergency Contact #2 <small>(to whom child may be released if parent/guardian is unavailable)</small> Name _____ Address _____ _____ Relationship _____ Phone (c) _____ Phone (w) _____ Phone (h) _____

CHILD'S USUAL SOURCE OF MEDICAL CARE	
Physician _____ Address _____ _____ Phone _____ Dentist _____ Address _____ _____ Phone _____	Hospital _____ Address _____ _____ Phone _____ Child's Health Insurance _____ Subscriber's Name _____

Specific Instructions of Special Conditions, Disabilities, Etc.	Allergies
Write none if none apply.	Write none if none apply.

As the parent/legal guardian, I give consent to SonShine Learning Center to administer to my child emergency first aid by the program staff. I understand that, if necessary, 911 will be called and my child may be transported to receive emergency care. I understand that I will be responsible for all emergency transportation and any charges not covered by insurance.

I give consent for the emergency contact persons listed above to act on my behalf until I am available.

I agree to notify SonShine Learning Center if any of the above information changes.

Parent/Guardian #1 _____ Date _____
 Parent/Guardian #2 _____ Date _____