Child Emergency Information

Child's name: Child's address: Child resides with: ❒ Mother ❒ Father ❒ Both parents ❒ Guardian

Parent/Guardian name

Parent/Guardian address *(if different from child's)*

Home phone

Work phone

Cell phone

Email address

Parent/Guardian place of employment

Parent/Guardian name

Parent/Guardian address *(if different from child's)*

Home phone

Work phone

Cell phone

Email address

Parent/Guardian place of employment

Who has permission to drop-off or pick up your child from the program?

Name	Relation to child	Phone no.
Name	Relation to child	Phone no.
Name	Relation to child	Phone no.
Name	Relation to child	Phone no.

Who does *not* have your permission to take your child from the program?

Name	Relation to child	Phone no.
Name	Relation to child	Phone no.
Name	Relation to child	Phone no.

PLEASE NOTE: A copy of a court decision must be on file in order for the program NOT to release a child to his/her noncustodial parent.

Who should the program contact in case of an emergency?

Name	Relation to child	Phone no.
Name	Relation to child	Phone no.
Name	Relation to child	Phone no.

Name of child's primary doctor Phone no.

Address

Insurance company Insurance policy number

Name of child's primary dentist Phone no.

Address

Insurance company Insurance policy number

Preferred hospital

Date of last DPT shot

Any food or medication allergies?

Current medications?

Any special health conditions?

I give permission to Your Learning Treehouse LLC to use whatever emergency measures are judged necessary for the care and protection of my child while under their supervision.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource deems it necessary.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent/guardian, child's physician and/or other adult acting on the parent/guardian's behalf.

Parent/Guardian signature: Date: