

Emergency Contacts

(Within 20 mile radius of daycare other than parent or guardian)

Primary Emergency Contact (other than parents or guardian)

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Secondary Emergency Contact (other than parents or guardian)

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Information

1. Child's Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2. Preferred Hospital: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

3. Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

4. Regular Medications: \_\_\_\_\_

5. Blood Type: \_\_\_\_\_

6. Medicine allergic to: \_\_\_\_\_

7. Food Allergies: \_\_\_\_\_

8. Any other Allergies: \_\_\_\_\_

9. Any special health conditions: \_\_\_\_\_