Blessed Beginnings Preschool and Childcare LLC

EMERGENCY CONTACT FORM

CHILD'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____

MOTHER'S NAME/LEGAL GUARDIAN: _____ PHONE NUMBER: _____

ADDRESS: _____

EMAIL ADDRESS: _____

BUSINESS NAME: _____ BUSINESS PHONE NUMBER: _____

BUSINESS ADDRESS: _____

FATHER'S NAME/LEGAL GUARDIAN: _____ PHONE NUMBER: _____

ADDRESS: _____

EMAIL ADDRESS: _____

BUSINESS NAME: _____ BUSINESS PHONE NUMBER: _____

BUSINESS ADDRESS: _____

EMERGENCY CONTACT PERSONS – IF UNABLE TO REACH LEGAL GUARDIANS:

NAME	ADDRESS	RELATIONSHIP TO CHILD	PHONE NUMBER

Blessed Beginnings Preschool and Childcare LLC

DISABILITIES (IF ANY): _____

ALLERGIES (PLEASE LIST MEDICATIONS): _____

MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION:

_____

MEDICATION – SPECIAL CONDITIONS: _____

ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD (PLEASE PROVIDE A COPY OF YOUR CHILD'S IFSP/IEP TO ADMIN):

_____

NAME OF CHILD'S PHYSICIAN: _____ PHONE NUMBER: _____

ADDRESS: _____

HEALTH INSURANCE COVERAGE FOR CHILD/MEDICAL ASSISTANCE BENEFITS: _____

POLICY NUMBER (REQUIRED): _____

PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT:

OBTAINING EMERGENCY MEDICAL CARE/TRANSPORT: _____

ADMIN. OF MINOR 1ST AID PROCEDURES: _____

WALKS AND STROLLER RIDES: _____

TRANSPORTATION BY THE FACILITY: _____

BI-ANNUAL TIME PERIOD COVERED: ____/____/____ to ____/____/____

_____ _____

PARENT/GUARDIAN SIGNATURE DATE

BI-ANNUAL TIME PERIOD COVERED: ____/____/____ to ____/____/____

_____ _____

PARENT/GUARDIAN SIGNATURE DATE

_____ _____

ADMINISTRATOR SIGNATURE DATE