



DAY CARE CONNECTION

BACK UP CHILD CARE – INFORMATION AND MEDICAL CONSENT

CAREGIVER: _____ PHONE: _____

ADDRESS: _____

CHILD: _____ DATE OF BIRTH: _____

	PARENT/GUARDIAN #1	PARENT/GUARDIAN #2
NAME:		
HOME ADDRESS:		
HOME PHONE:		
WORK/SCHOOL ADDRESS:		
WORK PHONE:		

IF ABOVE PERSONS ARE NOT AVAILABLE, NAME OF PERSON(S) TO WHOM CHILD MAY BE RELEASED:

NAME: _____ RELATION: _____ PHONE: () _____

NAME: _____ RELATION: _____ PHONE: () _____

PHYSICIAN'S NAME: _____ PHONE: _____

ADDRESS: _____

HEALTH CARD #: _____

NAME ON HEALTH CARD: _____

SPECIFIC INSTRUCTIONS OF PARENT/GUARDIAN: (allergies, ongoing medications, physical activity restrictions, or special dietary restrictions and/or needs):

PARENT CONSENT: I give permission for the caregiver and/or Agency to seek emergency medical treatment as required:

PARENT/GUARDIAN: _____ DATE: _____

WITNESS: _____