

# Home Childcare Emergency Contact Permission Form

## Child Information

Child's Full Name

Date of Birth

Home Address

## Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email Address

## Emergency Contact (Other than Parent/Guardian)

Contact Name

Phone Number

Relationship to Child

## Medical Information

Doctor's Name

Doctor's Phone Number

Known Allergies/Medical Conditions

## Medications

## Permissions

- ☐ I give permission for emergency medical treatment.
- ☐ I authorize transport by emergency vehicle if necessary.
- ☐ I give permission to contact the emergency contact listed above.

## Signature

---

Date