

# Childcare Provider Emergency Contact Information Form

## CHILD INFORMATION

Child's Full Name

Date of Birth

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name

Relationship to Child

Primary Phone Number

Alternate Phone Number

Email Address

## ALTERNATE EMERGENCY CONTACTS

Contact Name

Relationship to Child

Phone Number

Contact Name

Relationship to Child

Phone Number

## MEDICAL INFORMATION

Physician's Name

Physician's Phone

Allergies / Medical Conditions

Medications

Health Insurance Provider / Policy #

## AUTHORIZATION

Persons Authorized to Pick Up Child

Parent/Guardian Signature

Date