

Emergency Contact Information

Child's Name _____ Date of Birth _____

Address _____ Home Phone _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Name of other person to be contacted In Case of Emergency:

1. _____ Phone _____
Address _____ Relationship _____

2. _____ Phone _____
Address _____ Relationship _____

Authorization is hereby given for CareBare Childcare Center Staff to release the above named child to the following persons, provided proper identification is first established (list all names of authorized persons, including immediate family):

1. _____ Relation: _____

2. _____ Relation: _____

3. _____ Relation: _____

Physician to be called in an emergency:

1. _____ Phone _____ or _____

2. _____ Phone _____ or _____

Dentist to be called in an emergency:

1. _____ Phone _____ or _____

I, the undersigned, authorize the Staff of CareBare Childcare to take what emergency medical measures are deemed necessary for the care and protection of my child enrolled in the CareBare Childcare program.

(Signature of Parent/Guardian Date)

(Signature of Witness/Notary Date)