COMMUNITY CHILDREN'S CENTER EMERGENCY CONTACT INFORMATION

Child's Name: _____ Date of Birth: _____

Parent/Guardian Names (first & last):_____ Date: _____

Full Mailing Address: _____

Email Address(es):_____ Home Phone: _____

Where can parents be reached during the day? *(Please star preferred first contact number or email address on this form. Thanks.)*

Name	Employer	Work Phone Number	Cell Phone Number
_____:	_____	_____	_____
_____:	_____	_____	_____

List at least two neighbors or relatives who you authorize to assume temporary care of your child in case of minor illness, unexpected center closings, or parents' delay in pickup.

Name: _____ Relationship: _____

Address: _____ Phone(s): _____

Name: _____ Relationship: _____

Address: _____ Phone(s): _____

Signature of parent or guardian: _____

In the event of minor accidents and injuries, first aid will be administered by a trained staff member, and an Accident/Illness/Incident Report will be placed in your mailbox.

In the event a serious injury CCC will first call 911 and have the child evaluated by emergency personnel and transported to Windham Hospital or other appropriate treatment facility, by ambulance, if warranted. Next, CCC will contact the child's parents. If the staff is unable to reach a parent, they will contact the people on the child's Emergency Form. In the case of a child being transported to a medical facility, a CCC staff member will remain with the child until a parent, guardian, or other parent-authorized person arrives. If the child is transported by ambulance it will be the parents' responsibility to cover the expense.

Signature of parent or guardian: _____

Please give any information which would influence a medical treatment: _____

Allergies: _____

Other conditions: _____

Medications:_____

Insurance Company and Policy Number: _____

Physician's name: _____ Phone(s): _____

Dentist's name: _____ Phone(s): _____

Please indicate what hospital you would prefer to use if other than local hospital: _____