

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

_____: _____
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 case of accident or serious illness, I understand that CCC staff will contact me. If CCC staff is unable to reach me I understand that CCC staff will contact my physician, as indicated below, and follow his/her instructions. If CCC staff is unable to contact either parent or the family's designated physician, I authorize CCC staff to make whatever arrangements are deemed necessary, including consulting with CCC's physician and/or taking the child to Windham Hospital or other appropriate treatment facility. In the case of a child being transported to a medical facility, a staff member will stay with the child until a parent, guardian, or other parent-authorized person arrives. I understand that my child may be transported by ambulance and that the expense will be mine.

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: _____