

SAPPINGTON CHILD CARE CENTER

EMERGENCY INFORMATION

Child's Name

Date of Birth

Mother's Name

Father's Name

Home Phone

Home Phone

Work Phone

Work Phone

Cell Phone

Cell Phone

Authorized Escort (other than parent)

Phone

Authorization for Emergency Medical Care

I understand I will be notified at once in case of an accident or illness and will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring immediate care, I hereby authorize Sappington Child Care Center to call 911 or contact

Dr. _____
Doctor's Name

Phone

or the nearest hospital for emergency medical treatment.

Allergies _____
Medical Conditions _____

Per MO State Licensing requirements, we must contact a parent or guardian whenever a child is injured while in our care. Please be aware that your child is our first priority and we will take care of the injury first before notifying you. You will still receive an accident report when you pick up that you will need to sign. When we contact you we will indicate whether the injury is minor, or serious enough for you to come pick up the child. We will also use this means of communication to notify you of illness and if your child will need to be picked up because of this illness.

Please list below your preference for contact:

Phone (number to be called) _____

Email (list email) _____

or

Text (list number) _____