Emergency Information & Authorization for Treatment and Transportation

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Daycare Facility Name: Little Peaks Preschool and Nursery
Child's Name: _____
Date of Birth: _____
Child's Address: _____
City, State, Zip Code:
_____

1. Parent/Guardian Information:

Primary Parent/Guardian Name: _____
Phone Number(s): _____
Email Address: _____
Relationship to Child: _____

Secondary Parent/Guardian Name (if applicable): _____
Phone Number(s): _____
Email Address: _____
Relationship to Child: _____

2. Alternate Emergency Contacts (if parents/guardians cannot be reached):

Name: _____
Phone Number(s): _____
Relationship to Child: _____

Name: _____
Phone Number(s): _____
Relationship to Child: _____

3. Persons Authorized to Pick Up Child (other than parents/guardians):

Name: _____
Phone Number(s): _____
Relationship to Child: _____

Name: _____
Phone Number(s): _____
Relationship to Child: _____

4. Allergic Reactions:

Does the child have any known allergies (food, medication, environmental)?

☐ Yes ☐ No

If yes, please list them:

What should be done if the child has an allergic reaction?

5. Chronic Illnesses/Special Needs:

Does the child have any chronic illnesses, conditions, or special needs (e.g., asthma, epilepsy, ADHD)?

☐ Yes ☐ No

If yes, please provide details:

Is there any special care or procedure required due to these conditions?

6. Medication Information:

Is the child currently taking any medications (including over-the-counter and prescription)?
☐ Yes ☐ No
If yes, please list the medications, dosages, and reasons:

How should the daycare administer the medications? (e.g., self-administered, administered by staff, etc.)

7. Insurance Information:

Primary Insurance Provider: _____
Policy Number: _____
Group Number (if applicable): _____
Subscriber Name: _____
Relationship to Child: _____
Insurance Phone Number: _____

8. Authorization for Emergency Treatment and Transportation:

I, the undersigned, authorize the daycare staff to seek emergency medical treatment for my child if necessary. I understand that in the event of an emergency, my child may be transported to the nearest medical facility or hospital via ambulance if required, and I give permission for the daycare staff to make such arrangements.

I also give permission for the daycare staff to contact a physician or medical professional for treatment, and for the facility to share medical information related to the emergency, if necessary, for the child's care.

Parent/Guardian Signature: _____
Date: _____

9. Additional Information or Special Instructions:

Please provide any additional information or special instructions that daycare staff should be aware of for your child's safety and well-being:

Note: This form must be completed and signed before a child can attend daycare. Please ensure that all information is accurate and up-to-date to help ensure the safety of your child.

Parent Name: _____

Parent Signature: _____

Date: _____