UMassAmherst | Center for Early Education and Care

EMERGENCY CONTACT & ALTERNATE PICK-UP INFORMATION

CHILD INFORMATION

Child's Name: _____ **Date of Birth:** _____

Child's Home Address: _____ **Home Phone:** _____

Classroom: _____ **Sex:** _____ **Eye Color:** _____ **Hair Color:** _____

Primary Language: _____ **Height:** _____ **Weight:** _____ **Ethnicity:** _____

Identifying Marks: _____

PARENT CONTACT INFORMATION

Parent/Guardian Name: _____ **Day/Cell Phone:** _____

Home Address: _____

Work/School Dept. & Address: _____

Email Address: _____

Parent/Guardian Name: _____ **Day/Cell Phone:** _____

Home Address: _____

Work/School Dept. & Address: _____

Email Address: _____

CHIILD'S MEDICAL INFORMATION

___ **Special Care Plan on File:** _____
(list condition(s) plan is for)

___ **Allergy:** ___**Other medical concerns/conditions:**

___ **Medication:** ___ **Dietary restriction:** ___ **Food Intolerance:**

Pediatrician: _____ **Phone No.:** _____

Address: _____ **Medical Insurance Carrier:** _____

EMERGENCY CONTACT INFORMATION

CEEC may contact <u>and release</u> my child to the following person <u>in case of an emergency</u> when I am not available.

Name _____ **Phone:** _____ **Relationship to Child** _____

In addition to the above contact, I give permission for my child to be released to the person(s) listed below.

Name _____ **Phone:** _____ **Relationship to Child** _____

Name _____ **Phone:** _____ **Relationship to Child** _____

Name _____ **Phone:** _____ **Relationship to Child** _____

Name _____ **Phone:** _____ **Relationship to Child** _____

Name _____ **Phone:** _____ **Relationship to Child** _____

In the event emergency medical treatment is required I give consent for my child to be transported to a nearby medical facility to receive treatment by a qualified physician.

Signature of Parent/Guardian: _____ **Date:** _____

EMERGENCY CONTACT INFORMATION CONTINUED

Name _____ **Phone:** _____ **Relationship to Child** _____

Name _____ **Phone:** _____ **Relationship to Child** _____

Name _____ **Phone:** _____ **Relationship to Child** _____

Signature of Parent/Guardian: _____ **Date:** _____