

CENTER FOR EARLY EDUCATION AND CARE
University of Massachusetts Amherst

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: _____
Parent/Guardian Name: _____ Day/Cell Phone: _____
Home Address: _____
Work/School Dept. & Address: _____

CHILD'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: _____

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.

EMERGENCY CONTACT INFORMATION

CEEC may contact the person(s) listed below in case of an emergency regarding my child when I am not available (i.e. child's illness or injury, emergency closing of the Center, late pick-up). I have indicated if my child may also be released to these individuals.

Name _____ Phone: _____ Relationship to Child _____
Do you also give permission for your child to be released to this person? Yes No

Name _____ Phone: _____ Relationship to Child _____
Do you also give permission for your child to be released to this person? Yes No

Name _____ Phone: _____ Relationship to Child _____
Do you also give permission for your child to be released to this person? Yes No

Name _____ Phone: _____ Relationship to Child _____
Do you also give permission for your child to be released to this person? Yes No

Name _____ Phone: _____ Relationship to Child _____
Do you also give permission for your child to be released to this person? Yes No

I understand that CEEC staff may not release my child to any person *not* listed above without written consent from me. I understand that a copy of a custody agreement or restraining order is required in order to restrict a parent from visiting and/or picking-up the child from the Center.

Signature of Parent/Guardian: _____ Date: _____