

# contact list

HOME #:  \_\_\_\_\_

## PERSONAL INFO

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

## FAMILY

MOTHER: \_\_\_\_\_ WORK: \_\_\_\_\_

MOBILE: \_\_\_\_\_

FATHER: \_\_\_\_\_ WORK: \_\_\_\_\_

MOBILE: \_\_\_\_\_



## OTHER CAREGIVERS

PHONE/E-MAIL: \_\_\_\_\_

PHONE/E-MAIL: \_\_\_\_\_

## RELATIVES

PHONE/E-MAIL: \_\_\_\_\_

PHONE/E-MAIL: \_\_\_\_\_

## FRIENDS & NEIGHBORS

PHONE/E-MAIL: \_\_\_\_\_

PHONE/E-MAIL: \_\_\_\_\_

PHONE/E-MAIL: \_\_\_\_\_

## EMERGENCY CALL 911 IN AN EMERGENCY OR \_\_\_\_\_

RESCUE SQUAD: \_\_\_\_\_ POISON CONTROL: \_\_\_\_\_

POLICE: \_\_\_\_\_ FIRE DEPARTMENT: \_\_\_\_\_

## MEDICAL

PEDIATRICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

AFTER HOURS: \_\_\_\_\_

DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHARMACY: \_\_\_\_\_ PHONE: \_\_\_\_\_



## CONSENT FOR EMERGENCY MEDICAL CARE

I, \_\_\_\_\_  
(Mother / Father / Legal Guardian)

hereby give my consent to \_\_\_\_\_  
(Caregiver / Daycare Center)

who will be caring for my child(ren):

(First & Last Name) (M/F) (Date of Birth) (Allergies)

for the period of \_\_\_\_\_ to \_\_\_\_\_ to arrange for emergency medical/surgical/dental care and treatment (including diagnostic procedures) necessary to preserve the health of my child(ren). I acknowledge that I am responsible for all reasonable charges in connection with any care and treatment rendered.

**X**

(Signature of Mother / Father / Legal Guardian) (Date)

## INSURANCE DETAIL

INSURED NAME SUBSCRIBER OR MEMBER NUMBER

EMPLOYER GROUP NUMBER

HOME PHONE WORK PHONE

NAME & ADDRESS OF PRIMARY HEALTH INSURANCE CARRIER

PLAN NAME NUMBER

PRIMARY EMERGENCY CONTACT NAME & RELATIONSHIP PHONE

ADDITIONAL EMERGENCY CONTACT NAME & PHONE ADDITIONAL EMERGENCY CONTACT NAME & PHONE

PEDIATRICIAN NAME & PHONE

DENTIST NAME & PHONE

OTHER MEDICAL PROFESSIONAL NAME & PHONE PHARMACY NAME & PHONE

NOTE: Please attach photocopies of health insurance cards and prescription plan cards. Not all medical facilities will accept this form; some hospitals/doctors require that their own release be completed. If a parent or legal guardian cannot be contacted personally, some hospitals will not treat a minor, even with a consent form, unless the problem is considered life-threatening. Check the policy in the area where your child(ren) would be treated.

CONTACT LIST  
MEDICAL EMERGENCY

hole punch