

Childcare Center Emergency Contact Form

This **Childcare Center Emergency Contact Form** sample helps parents provide vital information to ensure their child's safety during emergencies. It includes fields for multiple contacts, medical information, and authorized pick-up persons. Completing this form ensures the childcare center can quickly respond and notify the right individuals when needed.

Child Information

Child's Full Name:

Date of Birth:

Parent/Guardian Information

Parent/Guardian 1 Name:

Phone Number:

Email Address:

Parent/Guardian 2 Name:

Phone Number:

Email Address:

Emergency Contacts (other than parents/guardians)

Contact 1 Name:

Contact 1 Phone Number:

Relationship to Child:

Contact 2 Name:

Contact 2 Phone Number:

Relationship to Child:

Medical Information

Child's Physician:

Physician Phone:

Medical Conditions/Allergies:

Current Medications:

Health Insurance Provider:

Policy Number:

Authorized Pick-Up Persons

Please list any additional individuals authorized to pick up your child.

Name:

Relationship:

Phone:

Name:

Relationship:

Phone:

☐ I confirm that the above information is accurate and give consent for emergency medical treatment if needed.

Submit