LEAPS N' BOUNDS
Child Care Services, LLC

Emergency Information Form

Child's Name:_____ Home Phone:_____

Address:_____ Town:_____ Zip:_____

Date of Birth:_____ Fathers Name:_____Mothers Name:_____

Fathers Employer:_____ Telephone:_____

Address:_____

Mothers Employer:_____ Telephone:_____

Address:_____

Child's Physician:_____ Telephone:_____

Physician's Address:_____

Hospital Preferred: 1)_____ 2)_____

Health Ins Policy Name & Number: _____

Medication(s) Needed:_____

Child's Dentist:_____ Telephone:_____

Dentist's Address:_____

If unable to contact parents, I give my permission for the people listed below to remove my child from the day care center and to take whatever emergency measures judged necessary for the care and protection of my child. (this must be two people who do not live in the same household)

1) EMERGENCY name:_____ Telephone:_____

Address:_____

2) EMERGENCY name:_____ Telephone:_____

Address:_____

_____ _____

Mother Signature or Guardian Date

_____ _____

Father Signature or Guardian Date