

# CHILD EMERGENCY INFORMATION FORM

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Street Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

## PRIMARY PAYER PARENT/GUARDIAN:

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Home Street Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

Work Place \_\_\_\_\_ Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

## OTHER PARENT/GUARDIAN:

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Home Street Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

Work Place \_\_\_\_\_ Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

*Alternate Pick Up Person(s) - The below listed person(s) is authorized to come and pick up the child when parents cannot be reached or to have access to health information about the child. If two parents are listed on the Enrollment Agreement, then at least one Alternate-Pick-Up Person must be listed. If only one parent is listed on the Enrollment Agreement, then at least two Alternate Pick-Up Persons must be listed.*

1.) Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

2.) Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

3.) Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Child's Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Child's Physician \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Physician's Address \_\_\_\_\_

Instructions for special health needs such as allergies or chronic illness \_\_\_\_\_

I give my permission for the staff at Bright & Early Children's Learning Centers to do the following for my child \_\_\_\_\_ in a medical emergency:

Child's Full Name

- Administer First Aid and CPR
- Transport my child via EMS/ambulance to Middlesex Hospital, Yale-New Haven Hospital, or an emergency facility that best treats the injury based on the opinion of EMS personnel, unless parent has provided a written preference here: \_\_\_\_\_
- Obtain needed medical treatment
- Post my child's full name, photo and medical information on a Health Alert Form, if necessary

Any expenses incurred through the transporting and/or treatment of the child are the parent's responsibility.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date