EMERGENCY FORM

INSTRUCTIONS TO PARENTS:
(1) Complete all items on this side of the form. Sign and date where indicated.
(2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

SAMPLE

Child's Name Brown (Last) Charles (First) Birth Date 12/10/2014

Enrollment Date Sept. 5, 2018 Hours & Days of Expected Attendance MWF 3s 9:30am-12:30pm

Child's Home Address 123 Elm St. (Street/Apt.#) Silver Spring (City) MD (State) 20901 (Zip Code)

Parent/Guardian Name(s)	Relationship	Phone Number(s)		
Mary Brown	mom	Place of Employment: XYZ office W: 202-222-1234	C: 240-432-1234	H: 301-431-1234
Jim Brown	dad	Place of Employment: abc dept. W: 202-123-4567	C: 240-432-5678	H: 301-431-1234

* Name of Person Authorized to Pick Up Child *(daily)* Orange (Last) Molly (First) baby sitter (Relationship to Child)

Address 678 Grace Ave. (Street/Apt.#) Silver Spring (City) MD (State) 20910 (Zip Code)

*Note: If mom or dad are picking up - you have to write their name here. You cannot leave it blank.

Any Changes/Additional Information

ANNUAL UPDATES _____ (Initials/Date) _____ (Initials/Date) _____ (Initials/Date) _____ (Initials/Date)

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name Smith (Last) Jane (First) Telephone (H) 301-789-1234 (W) —
   Address 101 Division St. (Street/Apt.#) Silver Spring (City) MD (State) 20910 (Zip Code)
2. Name Orange (Last) Molly (First) Telephone (H) 301-987-1234 (W) —
   Address 678 Grace Ave. (Street/Apt.#) Silver Spring, (City) MD (State) 20910 (Zip Code)
3. Name _____ (Last) _____ (First) Telephone (H) _____ (W) _____
   Address _____ (Street/Apt.#) _____ (City) _____ (State) _____ (Zip Code)

Child's Physician or Source of Health Care Pediatric & Adolescent Care of Silver Spring Telephone 301-681-6730

Address 12501 Prosperity Dr. Suite 100, (Street/Apt.#) Silver Spring (City) MD (State) 20904 (Zip Code)

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian Mary Brown Date 2/15/18

go to page 2

(1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
(2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: Charles Brown Date of Birth: 12/10/2014

Medical Condition(s): N/A

Medications currently being taken by your child: NONE

Date of your child's last tetanus shot: 12/11/2015

Allergies/Reactions: NONE

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: N/A

(2) If signs/symptoms appear, do this:

(3) To prevent incidents:

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED:

COMMENTS:

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

( ) Telephone Number