In the event that your child should need emergency care while under the supervision of the Child Care Center, please provide the names, addresses, and phone numbers of three individuals (besides the parents) who we may contact. These individuals must also be able to pick up the child.

1. __________________________________________
   Full Name
   __________________________________________
   Address
   __________________________________________
   Address
   __________________________________________
   Phone Number
   __________________________________________
   Phone Number
   __________________________________________
   Relationship

2. __________________________________________
   Full Name
   __________________________________________
   Address
   __________________________________________
   Address
   __________________________________________
   Phone Number
   __________________________________________
   Phone Number
   __________________________________________
   Relationship

3. __________________________________________
   Full Name
   __________________________________________
   Address
   __________________________________________
   Address
   __________________________________________
   Phone Number
   __________________________________________
   Phone Number
   __________________________________________
   Relationship
Family Doctor: _________________________________________________________
Address: _______________________________________________________________
Phone Number: _________________________________________________________

My health insurance policy is with: ________________________________
My health insurance policy number is: ________________________________

Family Dentist: _________________________________________________________
Address: _______________________________________________________________
Phone Number: _________________________________________________________

In case of emergency, do we have your permission to take your child to the Emergency Room?
In case of emergency, do we have your permission to contact your doctor or dentist?

Does your child have any allergies?: ________________________________

Are there any foods that your child is not permitted to eat? Please list:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Signature of Parent ________________________________ Date __________________________