**Date Completed:**

 **FEBRUARY 2015**

**Emergency Contact Sheet**

|  |
| --- |
| Child’s Name Last /First Gender Birth Date (YY / M M / DD) ad |
|       |       |       |
| Child’s Address Street City Postal Code Home Telephone # |
|       |       |       |       |
| Name Parent/Guardian 1 Home Address (if different than child) Home Telephone #   |
|       |       |       |
| Work or School Name & Address (please attach timetable if a student) Work / School Telephone # |
|       |       |
| Name Parent/Guardian 2 Home Address (if different than child) Home Telephone #  |
|       |       |       |
| Work or School Name & Address (please attach timetable if a student) Work / School Telephone #  |
|       |       |
| Parent 1 email Parent 2 email License Plate (optional) |
|       |       |       |
| **Please indicate name(s) of people (other than parent) that the child may be released to or contacted** **in an emergency if a parent cannot be reached.****Under no circumstances will any child be released to anyone not known to this center without parent / guardian permission.****Is there a Court Order or special Custody Arrangement on file? YES** [ ]  **NO** [ ]  |
| Name Address Work # Home # Relationship to Child |
|       |       |       |       |       |
| Name Address Work # Home # Relationship to Child |
|       |       |       |       |       |
| Name Address Work # Home # Relationship to Child |
|       |       |       |       |       |
| Please list any food allergies, drug allergies or medical conditions i.e. asthma, eczema, etc |
|       |
| Doctor’s Name Address Telephone # |
|       |       |       |
| **By signing below I/we give the staff of Orde Daycare permission to obtain necessary medical assistance in the event of an emergency** |
| **Signature of Parent/Guardian**  | **Date**  | **Signature of Parent/Guardian**  | **Date** |