**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** | |