



Emergency Contact Form



Child's Name _____
Address _____

Date of Birth _____

Mother's Name _____
Address _____
Business Name _____
Address _____

Home Phone _____
Business Phone _____

Father's Name _____
Address _____
Business Name _____
Address _____

Home Phone _____
Business Phone _____

Who should be contacted in case of emergency?

Name Phone Number when child is in our care

1- _____

2- _____

3- _____

Person(s) to whom your child may be released:

Name Phone Number when child is in our care

1- _____

2- _____

3- _____

Name of Physician or Medical Care Provider

Phone Number _____

Address _____

Does your child have any of the following:

Special disabilities _____ Allergies (including medications) _____

Medical or Dietary information necessary in an emergency situation _____

Any additional information or special needs of child _____

Health Insurance Provider for child _____ Policy Number _____

When my child is in care, I give my permission for the staff of Kids Play Today to:

* Obtain Emergency Medical Care (Parent Signature) _____

* Administer Minor First Aid Procedures by trained personnel (Parent Signature) _____

* Parent Signature _____ Date _____ Parent Signature _____ Date _____

June Six Month Review _____ Date _____

January Six month Review _____ Date _____