



Child Care Emergency Form

Complete this form for your child care provider.

Parents' names	Mother: _____	Father: _____
Home address	_____	
	Nearest cross street: _____	
Home phone number	_____	
Work addresses	Mother: _____	
	Father: _____	
Work phone numbers	Mother: _____	
	Father: _____	
Doctor	Name: _____	
	Phone number: _____	
Dentist	Name: _____	
	Phone number: _____	
Neighbors/relatives	Name: _____	Phone number: _____
	Name: _____	Phone number: _____
	Name: _____	Phone number: _____
Emergency numbers	Police: _____	
	Fire: _____	
	Poison Control: _____	
Special information	Child: _____	Medical conditions: _____
	Allergies: _____	Medications: _____
	Child: _____	Medical conditions: _____
	Allergies: _____	Medications: _____
	Child: _____	Medical conditions: _____
	Allergies: _____	Medications: _____