



Close To My Heart  
 1740 VanDyke St. N.  
 Maplewood, MN 55109  
 Phone: 651-487-0001 Ext. 7187 Fax. 651-487-0007

### CHILD CARE EMERGENCY CONTACT INFORMATION

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone/Pager \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Department: \_\_\_\_\_

Contact person at work (who usually knows your whereabouts): \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone/Pager \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Department: \_\_\_\_\_

Contact person at work (who usually knows your whereabouts): \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Contacts (In the event the child listed above becomes ill or in injured and the parent/guardian listed above cannot be contacted, Close To My Hear Preschool has permission to contact and release my child into the custody of the following individuals.)**

Name#1: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Name#2: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

**Person's Authorized to pick child up**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Adress: \_\_\_\_\_ Relationship: \_\_\_\_\_

**We must have written permission for anyone other than parent/guardian to pick up the child from the center.**

**Child's Usual Source of Medical Care**

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital to take child in case of an emergency: \_\_\_\_\_

Dentist's Name (either Child's or Parent's): \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Child's Health Insurance**

Name of Insurance Plan: \_\_\_\_\_

Certificate Number (or ID) #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

**Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:**

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Legal Guardian Consent and Agreement for Emergencies**

The information on this form will be used in emergency situations. Close To My Heart employees, health service staff, bus aides and drivers, and school personnel will all have access to this information in the event of an emergency. I authorize Close To My Heart to take any emergency measure necessary in the event of serious illness or injury for the care and protection of my child while under the supervision of the program. In the event of an medical emergency, I understand that my child will be transported to St. Paul Children's Hospital by the local emergency response unit for treatment at my expense, if the local emergency response source (police, paramedics, rescue squad) deems necessary. In the event of accidental ingestion, I understand that Close To My Heart will contact Poison Control Center. I give my permission for the staff to administer Syrup of Ipecac to my child if directed by the Poison Control Center. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Date: \_\_\_\_\_ Parent/Guardian #1 Signature \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian #2 Signature \_\_\_\_\_

Review Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Review Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Review Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_