



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 drivers 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 my child will be transported to St. Paul Children's Hospital by the local emergency response unit for treatment at no 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 to 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 _____