



# PLAYSCHOOL CHILD CARE INC.

## HEALTH & EMERGENCY INFORMATION

**Child's Name**

Date of Birth

Date Form Completed

Home Address

City

State

Zip Code

Home Phone

First Day At Center

Mother/Father/Guardian/Caregiver (Please Circle one) Name

Home Address

City

State

Zip Code

Home Phone

Cell Phone

Place of Employment/School

Work/School Phone

Work/School Address

Mother/Father/Guardian/Caregiver (Please Circle one) Name

Home Address

City

State

Zip Code

Home Phone

Cell Phone

Place of Employment/School

Work/School Phone

Work/School Address

### Emergency Contact

- **PLEASE** understand that the emergency contacts you list can pick your child up at **ANY** time without prior parental permission.
- **IN AN EMERGENCY**, if we are unable to reach a parent, guardian, caregiver or emergency contact for your child, the Maplewood Police Department will be called to assist at 651-777-8191.

Name

Name

City

State

City

State

Contact Number

Contact Number

Relationship to Child

Relationship to Child

### Court Documents

If there are any Court Orders, No Contact Orders or Custody Orders/Agreements regarding your child please provide **Playschool Child Care, Inc.** with appropriate paperwork for emergency situations.

Please list below one person who can make medical decisions if parents/guardians/cargivers are unavailable in an emergency.

Name

Contact Number

Address

Name of Physician	Name of Dentist
City State	City State
Contact Number	Contact Number

Preferable Hospital

Allergies (Including Medication)

List medical diagnosis/conditions/disabilities

List prescription medications your child is currently taking

**Emergency Medical Care**

I hereby grant permission for the Director or Acting Director of **Playschool Child Care, Inc.** to take whatever steps may be necessary to obtain Emergency Medical care if warranted. These steps include, but are not limited to the following:

1. Attempt to contact parent, guardian or caregiver
2. Attempt to contact child's physician
3. Attempt to contact parent, guardian or caregiver through any of the persons listed as emergency contacts
4. **IF** we cannot contact you or your child's physician, we will do any or all of the following:
  - A. Call the Maplewood Police Department
  - B. Call another physician or paramedic
  - C. Call an ambulance
  - D. Have your child taken to the hospital in the company of a **Playschool Child Care, Inc.** staff member
5. Any expense incurred under item #4 will be the full responsibility of the child's family
6. **Playschool Child Care, Inc.** will not be responsible for anything that may happen as a result of false information, non updated information or insufficient information provided at the time of enrollment
7. **Playschool Child Care, Inc.** will not assume responsibility for a child who was not properly signed-in when he/she arrived for the day
8. It is the parent's/guardian's/caregiver's responsibility to keep all emergency and health information **UPDATED** at all times. Please inform Playschool Child Care, Inc. of **ANY** changes

**Transportation Waiver of Liability**

- I hereby acknowledge that **Playschool Child Care, Inc.** is not responsible for the transportation of my child to and from their facility
- I will provide transportation to and from **Playschool Child Care, Inc.**
- I hereby release **Playschool Child Care, Inc.** from any liability stemming from or related to my child's transportation to and from **Playschool Child Care, Inc.**
- Specifically, I am aware of the fact that my child may be transported to and from **Playschool Child Care, Inc.** by my child's school bus company. The bus company may not comply with the **Playschool Child Care, Inc.** drop-off and pick-up procedures. It is my responsibility to make any special arrangements to ensure the safety of my child.

**Parent Responsibility**

By signing below, I understand that the information I have provided **Playschool Child Care, Inc.** is correct. I am also agreeing to the above procedures and policies. I also understand that updating this emergency contact form with information changes, as well as providing **Playschool Child Care, Inc.** with any other paperwork or information that is pertinent to my child, is **MY RESPONSIBILITY.**

<hr/> Parent/Guardian/Caregiver's Signature	<hr/> Date
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