



Once Upon a Childcare Emergency Information & Authorization for Treatment & Transportation

Child's Name _____ Nickname _____ Date of Birth _____

Home Address _____ Home Phone _____
Street City/State Zip

Parent/Guardian Name _____ Cell Phone _____

Employer/School _____

Employer/School Address _____ Phone _____ Ext. _____
Street City/State Zip

Parent/Guardian Name _____ Cell Phone _____

Employer/School _____

Employer/School Address _____ Phone _____ Ext. _____
Street City/State Zip

Alternate Emergency Contact:

(1) _____
Name Relationship Phone Number Cell Phone

Address _____
Street City/State Zip

(2) _____
Name Relationship Phone Number Cell Phone

Address _____
Street City/State Zip

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Additional Person(s) Authorized to Pick up Child:

(1) _____
Name Relationship Phone Number Cell Phone

Address _____
Street City/State Zip

(2) _____
Name Relationship Phone Number Cell Phone

Address _____
Street City/State Zip

Health Care Facility _____
Name Address (if known) Phone Number

Allergies/Reactions _____

Chronic Illnesses/Special Needs _____

Medications _____

Insurance Information _____

Authorization for emergency medical care and transportation:

In the event of an emergency I hereby give my permission for childcare staff to access emergency medical services for my child, including transport to the nearest health care facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport. I agree to review and update this information whenever a change occurs and at least once annually.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Child Care Facility _____
Name Address Phone Cell Phone

Review Date _____ Parent/Guardian Signature _____

Review Date _____ Parent/Guardian Signature _____

Review Date _____ Parent/Guardian Signature _____

Review Date _____ Parent/Guardian Signature _____

Review Date _____ Parent/Guardian Signature _____

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