



Child Development Center

12766 Veterans Memorial Dr. • Houston, Texas 77014 • 281.836-5070

EMERGENCY AND ILLNES NOTIFICATIONS

Child's Name:	Child's Date of Birth:
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Parent/Legal Guardian Name:	Emergency Contact Number:
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EMERGENCY CONTACT INFORMATION: Give the name, full address (including city, state and zip code), phone number and relationship of person to call in case of a parents/legal guardian cannot be reached:

Name:	Relationship:	Street Address: City/State: Zip code:	Cell Phone Number:
Name:	Relationship:	Street Address: City/State: Zip code:	Cell Phone Number:
Name:	Relationship:	Street Address: City/State: Zip code:	Cell Phone Number:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: In the event parents cannot make arrangements for emergency medical care, I authorize the person to take my child to:

Name of Child's Physician:	Street Address	City / State Zip Code	Area Code / Phone #
Name of Emergency Medical Care Facility (Hospital):	Street Address	City / State Zip Code	Area Code / Phone #

- I give consent for the facility to secure any and all necessary emergency medical care for my child.
- I do not give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian _____ Date _____

PICK-UP INFORMATION: I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name, telephone number for each person. Children will only be released to a parent or a person designated by the parent/guardian with verification of ID.

Name:	Phone Number:	Cell Phone Number:
Name:	Phone Number:	Cell Phone Number:
Name:	Phone Number:	Cell Phone Number:
Name:	Phone Number:	Cell Phone Number:
Name:	Phone Number:	Cell Phone Number:

Signature - Parent or Legal Guardian _____

Date _____