



12766 Veterans Memorial Drive • Houston, Texas 77014 • 281.836-5070

## EMERGENCY AND ILLNESS NOTIFICATION/CONTACT INFORMATION

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 the city, state and zip code), phone number and relationship of person to call in case 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 be reached for emergency care to make arrangements for emergency medical care, I authorize the person in charge 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 #

<input type="checkbox"/> I give consent for the facility to secure any and all necessary emergency medical care for my child.  <input type="checkbox"/> I <u>do not</u> give consent for the facility to secure any and all necessary emergency medical care for my child.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Signature - Parent or Legal Guardian</td> <td style="padding: 2px;">Date</td> </tr> <tr> <td style="background-color: yellow; height: 20px;"></td> <td style="background-color: yellow; height: 20px;"></td> </tr> </table>	Signature - Parent or Legal Guardian	Date		
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 and cell number for each person. Children will only be released to a parent or a person designated by the parent/guardian after 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:

Signature – Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_