

EMERGENCY CARD

DATE ENTERED _____

DATE LEFT _____

This information must be complete and correct for each child and must be retained for three years after child's departure. Address must be kept current. When confusion would result from the addition of new information, a new emergency card must be completed. All emergency cards will be reviewed at time of site inspections.

CHILD'S NAME:		BIRTHDATE:	
MOTHER'S OR GUARDIAN'S NAME	HOME ADDRESS:	MOTHER <input type="checkbox"/>	FATHER <input type="checkbox"/>
FATHER'S OR GUARDIAN'S NAME	HOME ADDRESS:	WORK PHONE:	WORK ADDRESS:
		HOME PHONE:	WORK PHONE:
			WORK ADDRESS:

IN CASE OF EMERGENCY, (OTHER THAN PARENTS)		RELATIONSHIP:	
1ST CHOICE	PHONE #	FRIEND _____	NEIGHBOR _____
		OTHER _____	
2ND CHOICE	PHONE #	FRIEND _____	NEIGHBOR _____
		OTHER _____	
Preferred Physician	Address	Telephone _____	
Preferred Dentist	Address	Telephone _____	
Preferred Hospital	Address	Telephone _____	

EMERGENCY MEDICAL TREATMENT AUTHORIZATION*

I/we, the undersigned, am/are the parent(s) or persons having legal custody of the above named minor. I/we now am/are entitled to full and complete custody of said minor child.

I/we hereby authorize _____ (PROVIDER'S NAME) in whose care the above named child has been entrusted by me/us, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general and special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medicine Practice Act and/or x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provision of the California Dental Practice Act. I/we will assume financial responsibility for medical costs.

PARENT'S/GUARDIAN'S SIGNATURE _____ DATE _____

* This authorization given pursuant to the provisions of Section 25.8 of the Civil Code of California

11/06

LIABILITY INSURANCE: This facility carries liability insurance that meets the requirements of Health and Safety Code Section 1597.532 YES NO

If provider does not have liability insurance, please complete:

I/we the parent(s)/guardian(s) of _____ CHILD'S NAME acknowledge that _____ PROVIDER'S NAME has informed me/us that this facility does NOT carry liability insurance or a bond in accordance with standards established by Family Child Care statute.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

NOTE: The law requires Family Child Care providers to carry liability insurance in the amount of at least \$100,000 per occurrence and \$300,000 in the total annual aggregate, or a bond in the aggregate amount of \$300,000, or to maintain this signed statement in the facility file. Lack of insurance does not affect the right of parents to bring legal action against the facility. Section 102417 (m) (1) (2) or (3)

IMMUNIZATION HISTORY

(CHILDREN CAN NOT BE ADMITTED WITHOUT RECORDS ON FILE!)

Are your child's immunizations up to date? Yes No

Blue Card on file: _____ Child in school (Blue cards should be on file with School of Attendance)

(Date)

Next immunization due:

DTP or DT _____ POLIO _____ MMR _____ CHICKEN POX _____ Hib _____ Hep B _____

HAS YOUR CHILD HAD ANY OF THESE ILLNESSES?	YES	NO	DOES YOUR CHILD HAVE ANY SPECIAL NEEDS?	YES	NO	LIST ANY MEDS, SPECIAL DIETS or NEEDS:
CHICKEN POX			ALLERGIES			
DIPHTHERIA			ECZEMA			
MEASLES			ASTHMA			
MENINGITIS			DIABETES			
MUMPS			HYPOGLYCEMIA			
PNEUMONIA			HYPERACTIVITY			
RHEUMATISM			OTHER			
RUBELLA						
SCARLET FEVER						
STREP INFECTIONS						
WHOOPING COUGH						
OTHER						

NAME AND NUMBER OF CHILDS MEDICAL POLICY :

_____ # _____

FIELD TRIP AUTHORIZATION:

I give _____ (Provider's name) and/or his/her adult assistant caregivers permission to take my child on field trips as part of the Family Child Care Home program. Some of these trips may be by car. Seat belts and/or car seats will be used.

SIGNATURE _____

AUTHORIZATION TO LEAVE CARE:

NAME /RELATIONSHIP

PHONE #

1. _____
2. _____
3. _____

SIGNATURE _____