



"Where Every Moment is a Tender Time"

### EMERGENCY FORM

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Mother/Guardian's Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Occupation and Hours: \_\_\_\_\_

Location you will be at while your child attends daycare: \_\_\_\_\_

First and best place/number to reach you: \_\_\_\_\_

**Father/Guardian's Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Occupation and Hours: \_\_\_\_\_

Location: \_\_\_\_\_

First and best place/number to reach you: \_\_\_\_\_

Names and numbers of people authorized to pick up child: \_\_\_\_\_

Who is **NOT AUTHORIZED** to pick up child: \_\_\_\_\_

In case of a medical emergency, and parents cannot be reached, who should Tender Time notify to pick up child?

1. Name \_\_\_\_\_ 2. Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**MEDICAL INFORMATION:**

Clinic Name: \_\_\_\_\_ Dentist's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Child's Doctor: \_\_\_\_\_

Medical History: \_\_\_\_\_

Any Known Allergies? \_\_\_\_\_

Any Food Restrictions? \_\_\_\_\_

I authorize the staff to apply sunscreen (six months and older) and fever reducing medication for my child if necessary. I authorize the staff to take any emergency measures necessary for the care and protection of my child and I understand that this may involve transporting my child to a doctor, hospital, or contacting paramedics for assistance. I give permission for my child to take part in all of Tender Time's activities and release Tender Time and its employees from liability to me or my child(ren) because of any injury occurring at Tender Time or during any sponsored activities. I understand my child must have health insurance while attending Tender Time Learning Center.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Information Correct As Of This Date