

Please list names of authorized people which you will allow to remove your child(ren) from the center and/or will assume responsibility for you in an emergency.

Designate the specific authorization each person has.

	Emergency Contact?	Authorized to pick up?
Name: _____ Phone: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Yes <input type="checkbox"/> no
Name: _____ Phone: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Yes <input type="checkbox"/> no
Name: _____ Phone: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Yes <input type="checkbox"/> no
Name: _____ Phone: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Yes <input type="checkbox"/> no

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Allergies to Drugs:  
1. \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ 2. \_\_\_\_\_

I hereby grant permission for the IPFW Child Care Center to call emergency medical care and transport my child to Parkview Memorial Hospital. I expect that all effort will be made to locate me or my designate(s) before any such action will be taken. If it is not possible to locate me or a designated person, I agree to accept responsibility for any expense incurred in so treating my child. I authorize first aid/CPR to be performed by the IPFW Child Care Center staff if required.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Form 2

IPFW CHILD CARE CENTER  
EMERGENCY INFORMATION CARD

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child lives with:  mother  father  other, explain: \_\_\_\_\_

If applicable, legal custody has been awarded to: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Provide us with any other phone numbers necessary to reach you during the time your child is with us:

Mother's No. \_\_\_\_\_ Ext. \_\_\_\_\_ Location: \_\_\_\_\_ Home e-mail: \_\_\_\_\_

Father's No. \_\_\_\_\_ Ext. \_\_\_\_\_ Location: \_\_\_\_\_ Home e-mail: \_\_\_\_\_