Daycare Emergency Contact Form

Printable fixed-layout template - complete in ink and attach required official records.

Child and guardians

Child name, birth date, and address _____

Parent or guardian contacts

Name	Relationship	Primary phone	Alternate phone

Alternate emergency contacts

Contacts in call order

Priority	Name	Relationship	Phone

Medical reference

Physician and phone _____

Preferred hospital _____

Insurance plan and member information _____

Allergies and medical conditions

_____

_____

_____

Authorization

Emergency treatment authorization

[ ] I authorize emergency evaluation or treatment when I cannot be reached, subject to applicable law

Parent or guardian signature and date _____ **Date** _____

Provider verification date _____ **Date** _____

Important: Call emergency services when the situation requires it. This sheet does not replace a clinician's action plan, emergency responder instructions, or an official authorization required by law.