



PLAYSCHOOL CHILD CARE INC.

HEALTH & EMERGENCY INFORMATION

Child's Name	
Date of Birth	Date Form Completed
Home Address	
City	State Zip Code
Parent's Email	First Day At Center
Mother/Father/Guardian/Caregiver (Please Circle one) Name	
Home Address	
City	State Zip Code
Home Phone	Cell Phone
Place of Employment/School	Work/School Phone
Work/School Address	
Mother/Father/Guardian/Caregiver (Please Circle one) Name	
Home Address	
City	State Zip Code
Home Phone	Cell Phone
Place of Employment/School	Work/School Phone
Work/School Address	
<p style="text-align: center;"><u>Emergency Contact</u></p> <ul style="list-style-type: none"> • <u>PLEASE</u> understand that the emergency contacts you list can pick your child up at <u>ANY</u> time without prior parental permission. • <u>IN AN EMERGENCY</u>, if we are unable to reach a parent, guardian, caregiver or emergency contact for your child, the Maplewood Police Department will be called to assist at 651-777-8191. 	
Name	Name
Address/City/State	Address/City/State
Contact Number	Contact Number
Relationship to Child	Relationship to Child
<p style="text-align: center;"><u>Court Documents</u></p> <p>If there are any Court Orders, No Contact Orders or Custody Orders/Agreements regarding your child please provide Playschool Child Care, Inc. with appropriate paperwork for emergency situations.</p>	
Please list below one person who can make medical decisions if parents/guardians/caregivers are unavailable in an emergency.	
Name	Contact Number
Address/City/State	

Name of Physician	Name of Dentist
Address/City/State	Address/City/State
Contact Number	Contact Number
Preferable Hospital	
Allergies (Including Medication)	
List medical diagnosis/conditions/disabilities	
List prescription medications your child is currently taking	
<p style="text-align: center;"><u>Emergency Medical Care</u></p> <p>I hereby grant permission for the Director or Acting Director of Playschool Child Care, Inc. to take whatever steps may be necessary to obtain Emergency Medical care if warranted. These steps include, but are not limited to the following:</p> <ol style="list-style-type: none"> 1. Attempt to contact parent, guardian or caregiver 2. Attempt to contact child's physician 3. Attempt to contact parent, guardian or caregiver through any of the persons listed as emergency contacts 4. IF we cannot contact you or your child's physician, we will do any or all of the following: <ol style="list-style-type: none"> A. Call the Maplewood Police Department B. Call another physician or paramedic C. Call an ambulance D. Have your child taken to the hospital in the company of a Playschool Child Care, Inc. staff member 5. Any expense incurred under item #4 will be the full responsibility of the child's family 6. Playschool Child Care, Inc. will not be responsible for anything that may happen as a result of false information, non updated information or insufficient information provided at the time of enrollment 7. Playschool Child Care, Inc. will not assume responsibility for a child who was not properly signed-in when he/she arrived for the day 8. It is the parent's/guardian's/caregiver's responsibility to keep all emergency and health information UPDATED at all times. Please inform Playschool Child Care, Inc. of ANY changes 	
<p style="text-align: center;"><u>Transportation Waiver of Liability</u></p> <ul style="list-style-type: none"> • I hereby acknowledge that Playschool Child Care, Inc. is not responsible for the transportation of my child to and from their facility • I will provide transportation to and from Playschool Child Care, Inc. • I hereby release Playschool Child Care, Inc. from any liability stemming from or related to my child's transportation to and from Playschool Child Care, Inc. • Specifically, I am aware of the fact that my child may be transported to and from Playschool Child Care, Inc. by my child's school bus company. The bus company may not comply with the Playschool Child Care, Inc. drop-off and pick-up procedures. It is my responsibility to make any special arrangements to ensure the safety of my child. 	
<p style="text-align: center;"><u>Parent Responsibility</u></p> <p>By signing below, I understand that the information I have provided Playschool Child Care, Inc. is correct. I am also agreeing to the above procedures and policies.</p> <p>I also understand that updating this emergency contact form with information changes, as well as providing Playschool Child Care, Inc. with any other paperwork or information that is pertinent to my child, is MY RESPONSIBILITY.</p>	
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <p>_____</p> <p>Parent/Guardian/Caregiver's Signature</p> </div> <div style="width: 35%;"> <p>_____</p> <p>Date</p> </div> </div>	



PLAYSCHOOL CHILD CARE INC.

HEALTH & EMERGENCY INFORMATION Additional Contacts

Child's Name

Date of Birth

Date Form Completed

Emergency Contact

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Name

Name

Address/City/State

Address/City/State

Contact Number

Contact Number

Relationship to Child

Relationship to Child

Name

Name

Address/City/State

Address/City/State

Contact Number

Contact Number

Relationship to Child

Relationship to Child

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Name

Address/City/State

Address/City/State

Contact Number

Contact Number

Relationship to Child

Relationship to Child

Name

Name

Address/City/State

Address/City/State

Contact Number

Contact Number

Relationship to Child

Relationship to Child

Parent / Guardian Signature _____ Date _____