

# EMERGENCY INFORMATION CARD

Child's first name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth date: \_\_\_\_\_ Enrollment date: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Home phone: \_\_\_\_\_

IN THE EVENT THERE IS ANY ISSUE REGARDING CUSTODY OF THE CHILD, FOREVER YOUNG MUST BE PROVIDED WITH COURT ISSUED CUSTODY DOCUMENTATION THAT CLEARLY DESCRIBES THE CUSTODY ARRANGEMENTS. ANY PERSON GRANTED CUSTODY IN SUCH PAPERS MAY PICK UP THE CHILD DURING THE TIMES THAT PERSON HAS CUSTODY AND MAY DESIGNATE OTHER PERSONS WHO ARE AUTHORIZED TO PICK UP THE CHILD AT SUCH TIMES. FOREVER YOUNG MAY NOT LEGALLY REFUSE THE RIGHT TO PICK UP A CHILD TO A PERSON HAVING CUSTODY OF THE CHILD OR REFUSE A PARENT OR GUARDIAN WITHOUT PROPER DOCUMENTATION OF FILE.

Custody arrangements:  YES  NO If YES, you must provide a copy of the court documentation.

## FAMILY CONTACT INFORMATION

Parent/Guardian:  Mother  Father  Other (specify) \_\_\_\_\_

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work hours: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent/Guardian:  Mother  Father  Other (specify) \_\_\_\_\_

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work hours: \_\_\_\_\_ Employer: \_\_\_\_\_

## MEDICAL INFORMATION

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Hospital preference: \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT

As the parent, agency representative or legal guardian of \_\_\_\_\_ (child's name), I hereby give consent to *FOREVER YOUNG CHILD CARE CENTERS, INC.*, to provide all emergency dental and/or medical care prescribed by a duly licensed dentist (D.D.S.) or physician (M.D.) for \_\_\_\_\_ (child's name). This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Parent /Agency Representative /Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent /Agency Representative /Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHILD PICK-UP AUTHORIZATION**  
**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY**  
**(include information for up to six persons)**

**1. Parent/Guardian:**  Mother  Father  Other (specify) \_\_\_\_\_

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Number                      Street    City    State                      Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**2. Parent/Guardian:**  Mother  Father  Other (specify) \_\_\_\_\_

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Number                      Street    City    State                      Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**3. Authorized Person:**  Relative \_\_\_\_\_  Friend  Neighbor  Other (specify) \_\_\_\_\_

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Number                      Street    City    State                      Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**4. Authorized Person:**  Relative \_\_\_\_\_  Friend  Neighbor  Other (specify) \_\_\_\_\_

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Number                      Street    City    State                      Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**5. Authorized Person:**  Relative \_\_\_\_\_  Friend  Neighbor  Other (specify) \_\_\_\_\_

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Number                      Street    City    State                      Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**6. Authorized Person:**  Relative \_\_\_\_\_  Friend  Neighbor  Other (specify) \_\_\_\_\_

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Number                      Street    City    State                      Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**INFORM FOREVER YOUNG IN WRITING IF THE AUTHORIZATION FOR ANY OF THE ABOVE LISTED PERSONS CHANGES.**

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Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_