

**EMERGENCY CONTACT INFORMATION  
WARWICK CHILD CARE CENTER, INC.**

Parents: Please fill in with complete addresses. Use only blue or black ink.

Child's Name:	Date of Application:
Address:	Birthdate:
Mother's Name or Legal Guardian:	Home Phone No:
Address:	E-Mail:
Business Address:	Business Phone: Cell Phone:
Father's Name or Legal Guardian:	Home Phone No:
Address:	E-Mail:
Business Address:	Business Phone: Cell Phone:
Name and Address of person to be contacted in Emergency (if parents are unavailable)	Business Phone: Home Phone:
Name and Address of child's physician or source of medical care:	Phone No:
Any Special Medical or Dietary Information Necessary for Emergency Situations (Allergies, medications, special conditions, etc.):	

Health Insurance Coverage for child:  
 Name: \_\_\_\_\_ Policy No: \_\_\_\_\_

Person(s) designated by parent to whom the child may be released: Include name, address, and phone number. Also include the person listed above to contact in an emergency.

Name:	Name:	Name:
Address:	Address:	Address:
Home Phone:	Home Phone:	Home Phone:

I give permission for Warwick Child Care Center staff to administer minor first aid procedures to my child.

\_\_\_\_\_ Signature of Parent or Guardian

\_\_\_\_\_ Date

The emergency contact form was reviewed and necessary changes were made on:

_____	_____	_____	_____
Date	Parent Signature	Date	Parent Signature
_____	_____	_____	_____
Date	Parent Signature	Date	Parent Signature
_____	_____	_____	_____
Date	Parent Signature	Date	Parent Signature
_____	_____	_____	_____
Date	Parent Signature	Date	Parent Signature