

**LITTLE NEST RED & BLUE FAMILY CHILD CARE**

75 ELM ST. WATERTOWN, MA. 02472



**EMERGENCY CONTACT PERSON(S)**

1. \_\_\_\_\_  
**(Name, Address, Home and Cell Phone #)**

2. \_\_\_\_\_  
**(Name, Address, Home and Cell Phone #)**

**EMERGENCY MEDICAL TREATMENT**

I hereby give \_\_\_\_\_ permission to  
**(Name of educator/assistant)**

Administer basic first aid and/or CPR to my child \_\_\_\_\_  
**(Name)**

And/or take my child \_\_\_\_\_, to a hospital for medical treatment.  
**(Name)**

When I cannot be reached or when delay would be dangerous to my child's health.

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

**MEDICAL INSURANCE INFORMATION (OPTIONAL)**

Subscriber's Name: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

[ ] Copy of insurance card

Other pertinent medical information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**E – MAIL: [littlest13red-blue@hotmail.com](mailto:littlest13red-blue@hotmail.com)**

**E – MAIL: [littlestredblue@yahoo.com](mailto:littlestredblue@yahoo.com)**

**Phone: 617 -744 6956**



## PERMISSIONS (FOR EACH CHILD ENROLLED)

### GENERAL PERMISSION-(BASIC TRANSPORT)

(Parents should not sign this permission unless specific places where your child is allowed to go are listed by your educator.) By signing this form.

I am allowing my child to be taken off the child care premises.

I, hereby give \_\_\_\_\_ permission to take my child \_\_\_\_\_  
(Educator/assistant)

Off the premises of the family child care home for the following excursions: (specific places your child is Allowed to go): \_\_\_\_\_

\_\_\_\_\_

Using the following forms of transportation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

I do not want my child to be taken off the child care premises.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### PERMISSION - (TRANSPORT TO MEDICAL FACILITY AND RECEIVE EMERGENCY MEDICAL TREATMENT)

Medical Emergency Treatment (Department of Early Education and Care recommends checking with your local hospital about the acceptability of this statement)

I, hereby give \_\_\_\_\_ permission to administer basic first aid and/or

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(Educator/assistant)



CPR to my child \_\_\_\_\_, and/or take my child to a hospital for medical Treatment when I cannot be reached or when delay would be dangerous to my child's health.

\_\_\_\_\_  
Parent/Guardian Signature Date

**Topical Medication/Ointments.-** (Please list only those medications/ointments which you will allow the educator(s) to administer to your child's skin): Ex: sunscreen, insect repellent (bug spray), diapering Ointment. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

Child's Name \_\_\_\_\_

**EMERGENCY CARD INFORMATION**

**REMINDER:** This emergency card information is for the educator's first aid kit. The educator(s) Must take first aid materials when leaving the child care premises?

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

**INSTRUCTIONS TO REACH PARENT OR GUARDIAN**

1. \_\_\_\_\_  
(Name, Address, Home and Cell Phone #)

2. \_\_\_\_\_  
(Name, Address, Home and Cell Phone #)

**Contact Information for Physician or Health Care Professional**

1. \_\_\_\_\_  
(Physician's Name, Address, Phone #)

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