

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

E – MAIL: 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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