

ATTACHMENT B

Section for Child Care Regulation

**SPECIAL EMERGENCY FORM FOR TEMPORARY CHILD CARE FACILITIES DURING
A DECLARED EMERGENCY**

CHILD EMERGENCY ENROLLMENT INFORMATION AND HEALTH QUESTIONNAIRE

CHILD'S NAME _____

BIRTHDATE _____

ADDRESS _____

HOME PHONE # _____ **Male or Female? (Circle one)**

Mother's or Guardian's Name: _____

Address: _____

Mother's Phone #'s where she can be reached: _____

Specific Address of mother while child is in child care:

Father's or Guardian's Name: _____

Address: _____

Father Phone #'s that he can be reached: _____

Specific Address of Father while child is in child care:

Emergency Contacts if we can't reach this child's parents or guardians...at least one is required.

Name _____ **Relationship to child** _____

Address and Phone #:

Does this person know that you put them down as an Emergency Contact? _____

Other Emergency Contacts: People who you authorize to take this child from our child care facility:

1. I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, I authorize this child care facility to make the necessary arrangements.
2. I understand that when my child is ill, she/he will not be accepted for care.
3. I understand that this facility has only temporary approval to accommodate child care during this Declared State of Emergency, and may or may not meet all licensing requirements.
4. I certify that to my knowledge, my child is in good health and free of any condition that would endanger her/him or other children in child care.

Parent/Legal Guardian Signature

Date

OTHER INFORMATION THAT YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD:
