



# Busy Bees Child Care Center

Emergency Contact and  
Medical Information

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Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M F  
Sex

Parent's/Guardian's Name \_\_\_\_\_ Parent's/Guardian's Name \_\_\_\_\_  
( ) ( ) ( ) ( )  
Home Phone Work Phone Home Phone Work Phone

Address \_\_\_\_\_ Address \_\_\_\_\_

City, ST ZIP Code \_\_\_\_\_ City, ST ZIP Code \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Alternative Emergency Contacts**

Primary Emergency Contact \_\_\_\_\_ Secondary Emergency Contact \_\_\_\_\_  
( ) ( ) ( ) ( )  
Home Phone Work Phone Home Phone Work Phone

Address \_\_\_\_\_ Address \_\_\_\_\_

City, ST ZIP Code \_\_\_\_\_ City, ST ZIP Code \_\_\_\_\_

**Medical Information**

Hospital/Clinic Preference \_\_\_\_\_

Physician's Name \_\_\_\_\_ Address \_\_\_\_\_ Medical Insurance Company  
Phone

Dentist's Name \_\_\_\_\_ Address \_\_\_\_\_ Last DPT  
Phone Medications

Allergies/Special Health Considerations \_\_\_\_\_

I do hereby agree to the following and give permission: to allow my child to participate in fieldtrips on and off campus with advance notice, supervised outdoor play, walks and regular play. To allow

first aid treatment or CPR to be given by Busy Bees Staff. To allow Busy Bees staff to take charge in the event of an emergency where I can not be reached or authorized persons cannot be reached. To allow photos or interviews of my child for publicity purpose such as newspaper interviews, brochures, school paper and etc. I understand I will always be informed in advance. To allow a public nurse and licensing consultant to inspect my child's file. I understand if accidental poisoning should occur, the staff will contact poison control and do what is instructed. To apply sunscreen and insect repellent to my child

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

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Parent's/Guardian's Signature

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Date

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Staff Signature to verify

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Date

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