Emergency contact form

BackPR

> Please fill out one form for each child and tell us right away if anything changes. We call parents first, then the emergency contacts in the order you list them.

Child

Full name _____

Date of birth _____

Program and group or session _____

Parent or guardian 1

Name _____

Relationship to child _____

Cell phone _____

Work phone _____

Email _____

Parent or guardian 2

Name _____

Relationship to child _____

Cell phone _____

Work phone _____

Email _____

Custody

Custody or court orders staff should know about (attach a copy)

_____

Emergency contacts (other than parents)

Choose adults who live or work nearby and can usually answer during program hours. An emergency contact can pick up your child only if they're also on your authorized pickup list.

1. Name, relationship, cell phone _____

2. Name, relationship, cell phone _____

3. Name, relationship, cell phone _____

Doctor and insurance

Doctor or clinic name and phone _____

Dentist name and phone _____

Health insurance company _____

Policy or member ID _____

Preferred hospital (in an emergency, your child may be taken to the nearest one)

Health details for emergencies

Allergies and reactions

Medical conditions

Medications the child takes regularly

Anything else emergency staff should know

Emergency care consent

In an emergency, staff will call 911 if needed and contact me as soon as they can. If they can't reach me, I authorize program staff to get emergency medical care for my child, including ambulance transport and treatment by a doctor or hospital, and to share this form with the medical staff who treat my child.

Signature

Parent or guardian printed name

Parent or guardian signature

Date

Free to use and change, but not legal or medical advice. Check your state's licensing rules and your insurer's requirements, and have a lawyer review any consent or waiver language.

Template from BackPR · backpr.com