

# OHANA INHOME DAYCARE

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## EMERGENCY CONTACT INFORMATION

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

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent's Names \_\_\_\_\_

Email \_\_\_\_\_

Home phone \_\_\_\_\_

Cellular phone \_\_\_\_\_

Home address \_\_\_\_\_

Employer \_\_\_\_\_

Work phone \_\_\_\_\_

Work address \_\_\_\_\_

Child's Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Names and phone numbers of people authorized to pick up child in case of emergency when parent/guardian cannot be reached:

Name \_\_\_\_\_

Home phone \_\_\_\_\_

Cellular phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Names of people NOT authorized to pick up child:

Name \_\_\_\_\_

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Provider is responsible for keeping emergency response plan information current with parents or guardians.

Provider's Signature

6 month review date: \_\_\_\_\_ Parent's initial: \_\_\_\_\_

1 year review date: \_\_\_\_\_ Parent's initial: \_\_\_\_\_