

OHANA INHOME DAYCARE

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

OHANA INHOME DAYCARE

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: