

Lakeside Child Care Center Emergency Contact and Medical Information

Child's Name	Date of Birth	M <input type="checkbox"/> F <input type="checkbox"/>	
Parent's/Guardian's Name	Parent's/Guardian's Name	Sex	
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

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	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

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.

Parent's/Guardian's Signature	Date
I give permission for my child to go on field trips. I release LCCC and individuals from liability in case of accident during activities related to LCCC, as long as normal safety procedures have been taken.	
Parent's/Guardian's Signature	Date
Witness Signature	Date

LCCC is an equal opportunity Center. All activities will be conducted in a manner to assure equal opportunity for all without regard to race, color, religion, creed, gender, age, national origin, or disability.