



Emergency Contact Information 2024-2025

Child Information			
Last Name	First Name	Birthdate	
Allergies	Medication	Gender	
Street Address		Apt/Unit #	
City	State	Zip	Country
Parent/Guardian Information			
Parent/Guardian 1 Name		Parent/Guardian 1 Email	
Parent/Guardian 1 Cell Phone		Parent/Guardian 1 Work Phone	
Parent/Guardian 2 Name		Parent/Guardian 2 Email	
Parent/Guardian 2 Cell Phone		Parent/Guardian 2 Work Phone	
Information required by the Department of Human Services			
EMERGENCY CONTACTS CAN <u>NOT</u> BE A PARENT/GUARDIAN			
Emergency Contact 1 Name		Emergency Contact 1 Phone	
Emergency Contact 1 Street Address		Emergency Contact 1 City, State and Zip	
Emergency Contact 2 Name		Emergency Contact 2 Phone	
Emergency Contact 2 Street Address		Emergency Contact 2 City, State and Zip	
Physician	Physician Phone	Physician City	
Dentist	Dentist Phone	Dentist City	
Preferred Hospital		Other Significant Medical Information	
Permissions			
I give permission to CDLC to make whatever emergency (e.g., first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of CDLC.			<input type="checkbox"/> Yes <input type="checkbox"/> No
In case of a medical/dental emergency, I understand that my child will be transported to the appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad, Fire) deems it necessary. The child will be transported at the expense of parents/guardians.			<input type="checkbox"/> Yes <input type="checkbox"/> No
It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I authorize CDLC to release any important information pertaining to my child to persons listed as an emergency contact or authorized pickup.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I give CDLC permission to take photographs and/or video of my child. I give CDLC full rights to the images resulting from the photography/video filming and any reproduction or adaptations of the images for fundraising, publicity or other purposes to help achieve CDLC's aims. This might include (but is not limited to) the right to use them in their printed and online publicity, social media, press releases and funding applications.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Digital Signature			
Parent/Guardian Printed Name			
Parent/Guardian Signature			Date