

Sundance Playschool Child Minding Center Emergency Information Sheet

Cell Phone _____

Child _____ Where are you from? _____

Parents or Guardian _____
First and Last Names Please

Birthday _____
Month / Day / Year

Local Contact _____ Local Phone #: _____

Medical Plan _____ Medical Plan #: _____

Family Physician _____ Phone #: _____

Emergency Contact _____ Phone #: _____
(Next of kin someone other than parents, family/friends not in SunPeaks)

Toilet Needs No Yes _____

Disabilities No Yes _____

Allergies No Yes _____

Dietary Restrictions No Yes _____

Immunizations No Yes _____
(Are they current?)

Any Other Medical Conditions No Yes _____

Persons Authorized to Pick up Child (first and last names)
(Please include parents/spouses)

Last Name

First Name

**I understand that children may be taken off-site during our programs
I Herby authorize Sundance Playschool to take my child to the medical clinic if such a need arises.
If such an emergency should arise, I will be contacted as soon as possible. I agree any costs incurred shall
be the sole responsibility of myself.**

Date Authorized Signature Please print name

Date Authorized Signature Please print name

Date Witness Please print name