



FAMILY OF CHRIST CHILD DEVELOPMENT CENTER

675 Baptist Road, Colorado Springs, CO 80921

(719) 481-0796

[www.foc-lutheran.org](http://www.foc-lutheran.org)

EMERGENCY INFORMATION

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

<b>Mother or Guardian</b>	
Name:	_____
Address:	_____
	Street City State Zip
Home Ph:	_____ Cell: _____
Employer:	_____ Phone: _____
Address:	_____
	Street City State Zip

<b>Father or Guardian</b>	
Name:	_____
Address:	_____
	Street City State Zip
Home Ph:	_____ Cell: _____
Employer:	_____ Phone: _____
Address:	_____
	Street City State Zip

**MEDICAL INFORMATION**

Child's Doctor: \_\_\_\_\_  
Name Address City State Zip Phone

Child's Hospital: \_\_\_\_\_  
Name Address City State Zip Phone

Child's Dentist: \_\_\_\_\_  
Name Address City State Zip Phone

**MY CHILD HAS A LIFE-THREATENING ALLERGY AND HAS AN EPIPEN (Please check box)**

**\*\* (If your child has a life threatening allergy, please complete an Emergency Health Care Plan available online)**

Is child allergic/sensitive to food or other substances? No \_\_\_ Yes \_\_\_ If yes, name foods or substances to be avoided and complete an **\*\*Allergy Alert Form** available online. \_\_\_\_\_

Is child usually susceptible to infections? No \_\_\_ Yes \_\_\_ If so, what precautions need to be taken? \_\_\_\_\_

Is child subject to convulsions? No \_\_\_ Yes \_\_\_ If so, what should be our procedure if one occurs? \_\_\_\_\_

Is there any physical condition that we should be aware of? (heart trouble, foot problem, hearing impairment, hernia, etc.) No \_\_\_ Yes \_\_\_ If so, what precautions should be taken? \_\_\_\_\_

Additional comments: \_\_\_\_\_

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child. *\*State of Colorado requires full name, address and phone numbers for the following:*

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip Street City State Zip  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

The following person(s) may **NOT** remove my child from the center:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
\*If applicable have custody papers been provided and are on file at the facility? No \_\_\_ Yes \_\_\_

**Field Trip Permission:** F.O.C.C.D.C. has permission to take my child on any field trip (walking or riding) away from school grounds for which advance notice has been given.

No \_\_\_ Yes \_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Transport:** F.O.C.C.D.C. has permission to transport my child to the doctor or hospital by a staff member of F.O.C.C.D.C.

No \_\_\_ Yes \_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Does your child have medical insurance coverage? No \_\_\_ Yes \_\_\_

Name of Medical Insurance Co. \_\_\_\_\_

**Emergency Medical Treatment:** F.O.C.C.D.C. has permission to secure emergency medical transport and/or treatment for my child. All expenses of such care will be accepted by the parent/guardians.

No \_\_\_ Yes \_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

This **Emergency Information** is accurate and complete, front and back, and was provided by:

\_\_\_\_\_  
Parent or Guardian printed name Signature Date \_\_\_\_\_

\*\*Forms available online to be printed, completed and turned into the CDC Office.