

TODDLER TOWN, LLC
Child Care Campus and Learning Center
120 Store Avenue, Waterbury, CT 06705
(203) 753-0728

EMERGENCY, MEDICAL and RELEASE FORM

EMERGENCY INFORMATION

Child's Name: _____ **Date of Birth:** _____

Address: _____

Mother's Name/Legal Guardian: _____

Employed By: _____ **Work Phone:** _____

Father's Name/Legal Guardian: _____

Employed By: _____ **Work Phone:** _____

Child's Physician: _____ **Telephone: ()** _____

Child's Dentist: _____ **Telephone: ()** _____

Preferred Hospital: _____ **Telephone: ()** _____

Insurance Company: _____ **Policy Number:** _____

Regular Medication: _____

Blood Type: _____

Allergies (medicine or food): _____

Other Allergies: _____

Any special health conditions: _____

EMERGENCY NUMBERS:

If unable to contact parents, in case of an emergency please contact:

NAME: _____ **PHONE:** _____

NAME: _____ **PHONE:** _____

THE FOLLOWING IS A LIST OF PEOPLE THAT I/WE GIVE PERMISSION FOR THE STAFF OF TODDLER TOWN, LLC TO RELEASE MY CHILD TO IN CASE OF AN EMERGENCY. (State requires a minimum of 1 person other than parents.)

NAME: _____ **WORK PHONE:** _____

HOME ADDRESS: _____

HOME PHONE: _____ **RELATIONSHIP:** _____

NAME: _____ **WORK PHONE:** _____

HOME ADDRESS: _____

HOME PHONE: _____ **RELATIONSHIP:** _____

NAME: _____ **WORK PHONE:** _____

HOME ADDRESS: _____

HOME PHONE: _____ **RELATIONSHIP:** _____

CONSENT TO EMERGENCY FIRST AID AND TRANSPORTATION:

I hereby give permission that my child, _____, may be given emergency treatment by a staff member at Toddler Town, LLC. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment.

Parent/Guardian

Name: _____

Parent/Guardian

Signature: _____

Date signed: _____

CONSENT TO MEDICAL CARE AND TREATMENT:

In the event that I/we cannot be contacted in a medical emergency occurring at Toddler Town, LLC, 120 Store Avenue, Waterbury, CT 06705, and in the event that my family physician cannot be reached in an emergency, I hereby give permission to Toddler Town, LLC to use St. Mary's Hospital or Waterbury Hospital for my child's emergency medical treatment.

Print Parent/Guardian

Name: _____

Parent/Guardian

Signature: _____

Date Signed: _____