

## Chapter 2: Preparedness

### Child Information Sheets

Use these sheets for every child in your care. Check in with parents/guardians to ensure the contact information is up-to-date.

#### Child's Information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Medications and dosages: \_\_\_\_\_

\_\_\_\_\_

Special health care needs or disabilities\*: \_\_\_\_\_

\_\_\_\_\_

Additional special instructions: \_\_\_\_\_

\_\_\_\_\_

\*Refer to individualized care plan if provided.

#### Parent/Guardian Information (1):

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Work name and address: \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Supervisor phone: \_\_\_\_\_

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### Parent/Guardian Information (2):

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Work name and address: \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Supervisor phone: \_\_\_\_\_

### Emergency Contact Information (if parent/guardian cannot be reached) (1):

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

### Emergency Contact Information (if parent/guardian cannot be reached) (2):

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

### Emergency Contact Information (if parent/guardian cannot be reached) (3):

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

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### People with Permission to Pick Up Child:

\*Identification will always be required

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

### Doctor Information:

Pediatrician name: \_\_\_\_\_

Pediatrician address: \_\_\_\_\_

Pediatrician phone: \_\_\_\_\_

Additional medical information: \_\_\_\_\_

Other instructions, concerns, restrictions: \_\_\_\_\_

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