

Emergency Contact Form

Child's First Name	Child's Last Name	Birthday
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Parent(s) or Guardian(s)-All parents/guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order.

Relationship to Child	Name	Address	Home/ Cell Telephone No.	Place of Employment	Work Telephone No.
Mother/ Guardian					
Father/ Guardian					

Authorized Person(s)-Person other than parents/guardians who are authorized to pick up the child and to be notified in an emergency when parent/guardians cannot be reached.

Relationship to Child	Name	Address	Home/ Cell Telephone No.	Place of Employment	Work Telephone No.

External Preparation Form

Child's First Name	Child's Last Name	Birthday
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I hereby give permission to apply one or more of the following external preparations, in accordance with the directions for use on the container.

- Yes No SUNSCREEN
 Yes No INSECT REPELLENT
 Yes No OTHER: (please specify) _____

If provided by the parent/guardian, please label the sunscreen or repellent with the child's name.

Mother/Guardian's Signature	Date
Father/Guardian's Signature	Date

6 month reviews

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