

Substitute Child Care Information



Educator Name: _____
Date(s) from: _____ to: _____
Date(s) from: _____ to: _____
Date(s) from: _____ to: _____

Child's Name: _____ Date of Birth: _____
Child's Home Address: _____
Phone: _____ Alternate Phone: _____

Instructions to Reach Parents or Guardians

1. _____
(Name, Address, Home and Cell Phone #)
2. _____
(Name, Address, Home and Cell Phone #)

Contact Information for Physician or Health Care Professional

1. _____
(Physician's Name, Address, Phone #)

Emergency Contact Person(s)

1. _____
(Name, Address, Home and Cell Phone #)
2. _____
(Name, Address, Home and Cell Phone #)

MEDICAL / HEALTH INFORMATION – ALLERGIES, ASTHMA, FOOD SENSITIVITIES, MEDICATION:

Permission - (Transport to Medical Facility and Receive Emergency Medical Treatment)

I hereby give _____ permission to administer basic first aid
(Educator/Assistant)
and/or CPR to my child _____, and/or take my child
to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian Signature _____ Date _____

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General Permission-(Basic Transport) (Parents should not sign this permission unless specific places where your child is allowed to go are listed by your educator.) By signing this form, I am allowing my child to be taken off the child care premises.

I hereby give _____ permission to take
(Educator/Assistant)

my child _____ off the premises of the family child care home for the

following excursions: (specific places your child is allowed to go): _____

using the following forms of transportation: _____

Parent/Guardian Signature

Date

I do not want my child to be taken off the child care premises.

Parent/Guardian Signature

Date

Topical Medication/Ointments (Please list only those medications/ointments which you will allow the educator(s) to administer to your child's skin): Ex: sunscreen, insect repellent (bug spray), diapering ointment.

Parent/Guardian Signature

Date

Parental Consent Regarding Supervision of Children Involving Transportation

I understand and agree that my family child care educator _____, may be leaving my child(ren) _____, alone on the first floor level of the family child care home while the educator accompanies another child to/from a transportation vehicle and that while doing so the educator will take all of the required steps to ensure my child(ren)'s safety.

Please use the space below for any other information you would like the Sub-Care Educator to have:

Parent/Guardian Signature

Date