

**EARLY CHILDHOOD DEVELOPMENT CENTER**  
**Saint Mary's College and the University of Notre Dame**

**EMERGENCY INFORMATION**

Name of Child \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother or guardian \_\_\_\_\_ Father or guardian \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Work Hours \_\_\_\_\_

Employment Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Employment \_\_\_\_\_ Work Hours \_\_\_\_\_

Employment Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**If either parent is a faculty member or student, please list school, department, and phone number of a secretary who would be able to reach you in an emergency:**

School \_\_\_\_\_ Department \_\_\_\_\_ Phone \_\_\_\_\_

**Please list the name of a friend or relative who may be reached in case of an emergency. This individual may be asked to pick your child up from ECDC in the event of an illness, injury or emergency. It is a State Requirement that a LOCAL emergency person is listed.**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP MY CHILD**

**Authorized individuals will be required to show picture identification when picking up a child from ECDC. Under no circumstances will a child be released to anyone not known to the center without authorization from parents or guardians.**

1. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**If a parent is denied permission to pick-up a child, please provide parent's name \_\_\_\_\_ and a copy of the court order.**

**Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_**

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**EMERGENCY MEDICAL AUTHORIZATION**

I agree, and by my signature give consent that in case of an accident, injury or illness of a serious nature, my child will be given emergency medical care. I understand that I will be contacted immediately, or as soon as possible, should I be away from the phone numbers given with this form.

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

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

If, in an emergency, your child's regular doctor cannot be reached, may we use John Rice, M.D., the consulting physician for the Early Childhood Development Center? Yes \_\_\_\_\_ No \_\_\_\_\_ If you answered no, which other physician do you prefer we call? \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Do you have a preference regarding the hospital we would take your child to in case of a medical emergency?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate your hospital of preference \_\_\_\_\_

Name of child's private health insurance & policy number: \_\_\_\_\_

or

Medicaid or Hoosier Healthwise number for your child and primary adult \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL PERMISSION FOR OFF-SITE FIELD TRIPS**

I give permission for my child to participate in all off-site field trips while enrolled at the Early Childhood Development Center. I understand that I will be notified of all field trips and required child/staff ratios will be maintained at all times. For more information regarding ECDC field trips, please see the parent handbook - <http://www.nd.edu/~ecdcnd/parentsinfo.html>.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**REMINDER: Please update information contained on this form when changes occur.**