

Emergency Form

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

Child Information

Child's Name (Last, First, Middle Initial)	Date of Birth	Enroll Date	Discharge Date
Child's Name (Last, First, Middle Initial)	Date of Birth	Enroll Date	Discharge Date
Child's Name (Last, First, Middle Initial)	Date of Birth	Enroll Date	Discharge Date
Address	City, State, ZIP		

Parent Guardian Information

Parent/Guardian (relationship to child)	Date of Birth	Other Parent/Guardian (relationship to child)	Date of Birth
Address (if not child's address)	Cell	Address (if not child's address)	Cell
City, State, ZIP	Alt. Phone	City State Zip	Alt. Phone
Employer	Work Phone	Employer	Work Phone
Preferred Email	Preferred Email		

Emergency Contact & Release of Child

List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	Home	Cell
2.	Home	Cell
3.	Home	Cell

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets)

1.	Phone	3.	Phone
2.	Phone	4.	Phone

Medical Information

***All allergies, medications, special dietary needs and instructions must be accompanied by a letter from your physician.**

Child's Name	Physician's Name	Physician's Phone	Allergies, Special Dietary Needs & Instructions*
Child's Name	Physician's Name	Physician's Phone	Allergies, Special Dietary Needs & Instructions*
Child's Name	Physician's Name	Physician's Phone	Allergies, Special Dietary Needs & Instructions*

Please check one:

- My child(ren) is/are in good health and able to participate in all activities without restrictions.
- My child(ren) is/are NOT in good health and able to participate in all activities without restriction.
- See restrictions in attached physician's letter.



Emergency Authorization

I give permission to Heartfelt Impressions, licensed by the Department of Human Services, to secure emergency medical and/or emergency surgical treatment for the above named child(ren) while in care.

Preferred Hospital

School Age Children

My school age child(ren) attend school at:

My child(ren)'s health appraisal and immunization records, or appropriate waiver are on file and current at the above named school. I acknowledge that my child(ren) is/are in good health and assume responsibility for their state of health while at the center.

Additional Authorizations *Please check box.*

Authorization for Sunscreen and Bugspray: I give I do not give consent to Heartfelt Impressions to apply sunscreen and bugspray to my child as necessary. Please provide both each year in the beginning of April.

Authorization for Essential Oils: I give I do not give consent to Heartfelt Impressions to use diffusers with essential oils.

Authorization for Off-site walks and Adventures: I give I do not give consent to Heartfelt Impressions to allow my child to go on walks and adventures off site from the center. Teachers will always have a cell phone along and make sure your child(ren) are dressed appropriately for the weather.

Authorization for Photo and Video Usage on Internet/Social Media:

I give permission for my child(ren)'s image to be used in print, video and digital media for curriculum, portfolios, and advertising purposes. I agree that these images may be used without further notifying me and my child(ren)'s last name will not be used.

I understand that Heartfelt Impressions has a licensing notebook located in the reception area for parents to view at any time during regular business hours. It contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010. The licensing inspection and special investigation reports from the past two years can also be found on the child care licensing website at www.michigan.gov/michildcare.

I acknowledge that I have received a copy of the Parent Handbook and was offered the ability to ask questions for clarification. I agree to abide by the policies in the handbook.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Parent Signature _____ Date _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials



LAKE ORION  ROCHESTER  CLARKSTON
heartfeltimpressions.net