Longwood Medical Area Child Care Center

Emergency Consent Form

requiring medical attention for my child,	to contact me in the event of an emergency
Home Number: Work Number:	
Pediatrician or Health Clinic:	
Address:	
Telephone:	
Emergen	cy Contacts
The following relative or friends should be con authorize the LMACCC to release my child to their	tacted if I am unavailable in an emergency. I also custody when I cannot be reached.
1	
Name, Address, Telephone	
2	
Name, Address, Telephone	
3	
Name, Address, Telephone	
Name	Date