

# Rainbow Daycare Emergency Form

<b>Child's Name</b>		<b>Date Of Birth</b>	
<b>Home Address</b>			
<b>Parent/Guardian Name</b>		<b>Relationship To Child</b>	
<b>Home Address</b>			
<b>Cell Phone Number</b>	<b>Work Phone Number</b>	<b>Home Phone Number</b>	
<b>Work Hours</b>	<b>Email Address</b>		
<b>Parent/Guardian Name</b>		<b>Relationship To Child</b>	
<b>Home Address</b>			
<b>Cell Phone Number</b>	<b>Work Phone Number</b>	<b>Home Phone Number</b>	
<b>Work Hours</b>	<b>Email Address</b>		
<b>Physician's Name</b>		<b>Physician's Phone Number</b>	
<b>Medical Insurance Provider</b>		<b>Insurance Policy Number</b>	
<b>Medical Conditions or Allergies</b>			
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_____			
_____			
<b>Please list two emergency names and numbers (including area code)</b>			
<b>Name</b>	<b>Phone Number</b>	<b>Relationship To Child</b>	
<p style="text-align: center;">Please provide the name of persons allowed to take your child from the facility. If more space is needed, please use the back of this page. If you wish to include photos, please tape to the back of this page.</p>			
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_____			
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