



Little Beans Childcare, LLC

EMERGENCY INFORMATION & AUTHORIZATION FOR TREATMENT & TRANSPORTATION

Child's Name _____

Nickname _____

Date of Birth _____

Home Address _____
Street City/State Zip

Home Phone _____

Parent/Guardian Name _____

Cell Phone _____

Employer / School

Employer/School Address _____
Street City/State Zip

Phone _____ Ext. _____

Parent/Guardian Name _____

Cell Phone _____

Employer / School

Employer/School Address _____
Street City/State Zip

Phone _____ Ext. _____



Little Beans Childcare, LLC

Alternate Emergency Contact:

(1) _____
Name Relationship

Phone Number _____

Address:

_____ Street City/State Zip

(2) _____
Name Relationship

Phone Number _____

Address:

_____ Street City/State Zip

Additional Person Authorized to Pick up Child:

(1) _____
Name Relationship

Phone Number _____

Address:

_____ Street City/State Zip

(2) _____
Name Relationship

Phone Number _____

Address:

_____ Street City/State Zip



Little Beans Childcare, LLC

Preferred Health Care Facility:

(Actual Health Care Facility may be chosen at discretion of Childcare Management or Emergency Transport Service such as EMTs or Paramedics)

Name Address (if known) Phone Number

Allergies/Reactions

Chronic Illnesses/Special Needs

Medications

Insurance Information

Authorization for Emergency Medical Care and Transportation:

In the event of an emergency I hereby give my permission for child care staff to access emergency medical services for my child, including transport to the nearest health care facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

Parent/Guardian Signature Date Parent/Guardian Signature Date

Child Care Facility: (Management: Laura Rabner & Richard Rabner)

Little Beans Childcare, LLC 1759 S Monaco Pkwy, Denver, CO 80224 (720)-317-9809

Name Address Phone Cell