

Emergency Contact and Medical Information

UC Merced Early Childhood Education Center

Child's Name	Date of Birth	M	F
		Sex	
<i>Parent's/Guardian's Name</i>		<i>Parent's/Guardian's Name</i>	
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone	Cell Carrier	Cell Phone	Cell Carrier
Address, City, ST ZIP Code		Address, City, ST ZIP Code	
E-mail Address		E-mail Address	
Check one ONLY:			
<input type="checkbox"/> email ECEC correspondence/text only in emergency <input type="checkbox"/> text all ECEC correspondence			
ADDITIONAL PERSONS TO CONTACT IN AN EMERGENCY AND/OR AUTHORIZED TO TAKE CHILD FROM THE FACILITY			

<i>Primary Emergency Contact</i>	<i>Additional Emergency Contact</i>
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone
Address, City, ST ZIP Code	Address, City, ST ZIP Code
<i>Additional Emergency Contact</i>	<i>Out of State Emergency Contact</i>
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone
Address, City, ST ZIP Code	City, ST ZIP Code
MEDICAL INFORMATION	

Hospital/Clinic Preference	
Physician's Name	Phone Number
Dentist's Name	Phone Number
Medical Number_____	

FIELD TRIPS CONSENT

I give permission for my child to participate in campus walks (outdoor and in UCM buildings) as part of the UC Merced ECEC program.

Parent's/Guardian's Signature

Date

CONSENT FOR EMERGENCY MEDICAL TREATMENT-

Child Care Centers or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HERBY GIVE CONSENT TO

UC Merced Early Childhood Education Center TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH

(D.O.) OR DENTIST (D.D.S.) FOR _____

(Child's Name)

THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

Child has the following Medication Allergies/Medical Conditions/Allergies

DATE

PARENT OR AUTORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

WORK PHONE

LIC 627/(5/01) CONFIDENTIAL

By my signature, I agree to hold the Regents of the University of California, its officers, employees and agents harmless from and against any and all liability, loss, expense including reasonable attorneys' fees, or claims for injury or damages arising out of my child's participation with Children's Center program, which is not caused by or result from negligent or intentional acts or omissions of the Regents of the University of California, it's officers, employees or agents.

Parent/Guardian Signature

Date