

Personal Information

Child(ren)'s Name: _____

Father's Name: _____ Mother's Name: _____

Address: _____

Important Numbers

Home Phone: _____ Email: _____

Dad Work: _____ Dad Cell: _____

Mom Work: _____ Mom Cell: _____

Caregiver: _____

Emergency Name & Telephone Numbers

The following people have permission to pick up my child if primary caregivers cannot be reached.

Name	Number

Topical Ointment Consent

I give consent for the teachers and staff at Hampton Kids to administer over-the-counter topical ointment for my child. This includes sunscreen, diaper cream and Neosporin. All topical ointments are to be supplied by the parent, marked with the child's name and stored in a small plastic container

Child(ren)'s Name: _____

Print Name: _____

Parent/Guardian's Name

Sign Name: _____

Parent/Guardian's Signature

(See other side for more information)

Date: _____

Emergency Form

Child(ren)'s Name: _____

If the child needs medical care, the following procedures will be followed:

You will be called immediately. If you cannot be reached the child's family doctor will be called at

Name of Pediatrician: _____

Address: _____

Phone Number: _____

If the doctor is not available, the child will be taken to the nearest hospital emergency room for treatment.

Nearest Hospital: Southampton Hospital

Health Insurance Carrier: _____

Insured's Name: _____

Policy Number: _____

I hereby give consent to Hampton Kids to authorize medical, surgical, and/or dental treatment including hospitalization for my child _____ should it be necessary while my child is in their care.

Print Name: _____
Parent/Guardian's Name

Sign Name: _____
Parent/Guardian's Signature

Date: _____

(See other side for more information)