

# Substitute Child Care Information



Educator Name: \_\_\_\_\_

Date(s) from: \_\_\_\_\_ to: \_\_\_\_\_

Date(s) from: \_\_\_\_\_ to: \_\_\_\_\_

Date(s) from: \_\_\_\_\_ to: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## Instructions to Reach Parents or Guardians

1. \_\_\_\_\_  
(Name, Address, Home and Cell Phone #)

2. \_\_\_\_\_  
(Name, Address, Home and Cell Phone #)

## Contact Information for Physician or Health Care Professional

1. \_\_\_\_\_  
(Physician's Name, Address, Phone #)

## Emergency Contact Person(s)

1. \_\_\_\_\_  
(Name, Address, Home and Cell Phone #)

2. \_\_\_\_\_  
(Name, Address, Home and Cell Phone #)

## MEDICAL / HEALTH INFORMATION – ALLERGIES, ASTHMA, FOOD SENSITIVITIES, MEDICATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Permission - (Transport to Medical Facility and Receive Emergency Medical Treatment)

I hereby give \_\_\_\_\_ permission to administer basic first aid  
(Educator/Assistant)

and/or CPR to my child \_\_\_\_\_, and/or take my child  
to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## **General Permission-(Basic Transport)**

(Parents should not sign this permission unless specific places where your child is allowed to go are listed by your educator.) By signing this form, I am allowing my child to be taken off the child care premises.

I hereby give \_\_\_\_\_ permission to take  
(Educator/Assistant)

my child \_\_\_\_\_ off the premises of the family child care home for the

following excursions: (specific places your child is allowed to go): \_\_\_\_\_

using the following forms of transportation: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**I do not want my child to be taken off the child care premises.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **Topical Medication/Ointments**

(Please list only those medications/ointments which you will allow the educator(s) to administer to your child's skin): Ex: sunscreen, insect repellent (bug spray), diapering ointment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **Parental Consent Regarding Supervision of Children Involving Transportation**

I understand and agree that my family child care educator \_\_\_\_\_, may be leaving my child(ren) \_\_\_\_\_, alone on the first floor level of the family child care home while the educator accompanies another child to/from a transportation vehicle and that while doing so the educator will take all of the required steps to ensure my child(ren)'s safety.

**Please use the space below for any other information you would like the Sub-Care Educator to have:**

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date