



Maine Mountain Children's House

Summer Program 2023

Toddler and Primary Emergency Contact Form



Child's Name: _____ D.O.B: _____

(1) Parent/Guardian Name: _____

Cell: _____ Home: _____ Work: _____

(2) Parent/Guardian Name: _____

Cell: _____ Home: _____ Work: _____

In the unlikely event that both parents/guardians cannot be reached, I authorize the two persons listed below to assume care of my child. If my child becomes ill at school, I understand that every effort will be made to contact me before releasing my child to these emergency contacts. **Please list two adults other than parents/guardians.**

1. _____ Phone: _____

2. _____ Phone: _____

Known medical problems/conditions/illnesses: _____

Allergies: _____

Family Physician: _____ Phone: _____

Address: _____

Family Dentist: _____ Phone: _____

Address: _____

In the event of a medical emergency, I authorize Maine Mountain Children's House to have my child transported to the closest hospital and receive any treatment deemed necessary by the attending physician while efforts are made to reach me.

Preferred Hospital: _____ Phone: _____

This is to certify that for the period from _____ to _____, I hereby constitute and appoint Maine Mountain Children's House my true and lawful attorney, for the purpose of authorizing medical treatment to, and the performance of any procedure determined to be necessary after consultation with the Emergency or Family Physician, on my child(ren) in my absence.

Parent/Guardian Signature: _____ Date: _____

Witnessed By: _____ Date: _____

**** It is required that MMCH have on record a copy of your child's up-to-do immunization records from your pediatrician ****