



EMERGENCY INFORMATION ON STAFF

**This form can be used by Child Care Centers and Family Child Care Homes*

NAME: _____
ADDRESS: _____
NAME OF DOCTOR: _____ PHONE: _____
HOSPITAL PREFERENCE: _____ PHONE: _____

LIST ANY CHRONIC MEDICAL CONDITIONS, INCLUDING MEDICATIONS TAKEN FOR THAT CONDITION, WHICH WOULD BE RELEVANT IN AN EMERGENCY SITUATION: _____

EMERGENCY CONTACT PERSONS:
NAME: _____ RELATIONSHIP _____
ADDRESS: _____
HOME PHONE: _____ BUSINESS PHONE: _____
NAME: _____ RELATIONSHIP _____
ADDRESS: _____
HOME PHONE: _____ BUSINESS PHONE: _____

STAFF HEALTH QUESTIONNAIRE

IMPORTANT — Current health information must be completed annually by:
All staff (including the director). (2) All volunteers and substitutes prior to their coming into contact with the children.

NAME: _____
HOME ADDRESS: _____
TELEPHONE NUMBER: _____
I certify that I am emotionally and physically fit to care for children.
Signature: _____ Date: _____

<p align="center">This section of the form is for Child Care Center Director's only</p> <p>Director's Statement: I understand that I may request another evaluation of the employee's emotional and physical fitness to care for children when there is reason to believe that there has been deterioration in the employee's emotional or physical fitness to care for children.</p> <p>Signature: _____ Date: _____</p>
--