



Ladybug Child Care Center Field Trip Emergency Form

Child's Name: _____ Birthdate: _____

Custodial Parents/Guardians:

Name: _____

Phone: _____ wk. _____ cell _____ home _____

Name: _____

Phone: _____ wk. _____ cell _____ home _____

Emergency Contacts (other than parent/guardian):

Name: _____

Phone: _____ wk. _____ cell _____ home _____

Name: _____

Phone: _____ wk. _____ cell _____ home _____



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Health Information:

Doctor name/address/phone: _____

Dentist name/address/phone: _____

Allergies: _____

Medications: _____

Other Information: _____

I understand that by enrolling my child and leaving my child in Ladybug's care, I have agreed to the following:

- ✓ Ladybug is authorized to secure necessary medical/dental help in an accident or emergency! Although
- ✓ Ladybug staff will make every effort to safeguard children's personal property, Ladybug is not responsible for items brought to the Center, including clothing, which may be lost, stolen, or damaged.

Parent /Guardian Signature: _____ Date: _____



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Parent /Guardian Signature: _____ Date: _____