



## Emergency Contact List

*One form required per enrolled child — must be completed prior to first day of attendance*

This form is required for every child enrolled at Sprouting Minds Early Learning Center (SMELC) and must be kept current in the child's file at all times. Parents/guardians must notify the front office of any changes immediately so the record and the Brightwheel parent communication platform can be updated. This form is reviewed and reaffirmed at each re-enrollment period and any time information changes.

### CHILD IDENTIFICATION

|                             |  |                 |  |
|-----------------------------|--|-----------------|--|
| Child's Full Legal Name     |  | Date of Birth   |  |
| Classroom / Room Assignment |  | Enrollment Date |  |

### PARENT / GUARDIAN INFORMATION

#### Parent/Guardian 1

|               |  |                       |  |
|---------------|--|-----------------------|--|
| Full Name     |  | Relationship to Child |  |
| Cell Phone    |  | Work Phone            |  |
| Email Address |  | Employer              |  |
| Home Address  |  |                       |  |

#### Parent/Guardian 2 (if applicable)

|                             |  |                       |  |
|-----------------------------|--|-----------------------|--|
| Full Name                   |  | Relationship to Child |  |
| Cell Phone                  |  | Work Phone            |  |
| Email Address               |  | Employer              |  |
| Home Address (if different) |  |                       |  |

### EMERGENCY CONTACTS

List at least two (2) individuals, other than the parent(s)/guardian(s) above, who may be reached if a parent/guardian cannot be. These individuals may be contacted for information but are not automatically authorized for pickup unless also listed on the separate Authorized Pickup List for this child.

|                                  |  |               |  |
|----------------------------------|--|---------------|--|
| Emergency Contact #1 — Full Name |  |               |  |
| Relationship to Child            |  | Primary Phone |  |

|                 |  |                             |  |
|-----------------|--|-----------------------------|--|
| Alternate Phone |  | May Authorize Pickup? (Y/N) |  |
|-----------------|--|-----------------------------|--|

|                                  |  |                             |  |
|----------------------------------|--|-----------------------------|--|
| Emergency Contact #2 — Full Name |  |                             |  |
| Relationship to Child            |  | Primary Phone               |  |
| Alternate Phone                  |  | May Authorize Pickup? (Y/N) |  |

### MEDICAL ALERT QUICK REFERENCE (OPTIONAL)

For quick reference only — full medical, allergy, and immunization records are maintained separately in the child's health file per OAC 5180:2-12-15.

|                                              |  |                    |  |
|----------------------------------------------|--|--------------------|--|
| Known Allergies                              |  | Medical Conditions |  |
| Emergency Medication on Site (Y/N — specify) |  |                    |  |

### OFFICE USE ONLY — RECORD UPDATE LOG

Completed by SMELC administrative staff each time this form is updated in the child's paper file and in Brightwheel.

| Date Updated | Change Made | Updated By (Staff Initials) | Entered in Brightwheel? (Y/N, Date) |
|--------------|-------------|-----------------------------|-------------------------------------|
|              |             |                             |                                     |
|              |             |                             |                                     |
|              |             |                             |                                     |

### PARENT / GUARDIAN ACKNOWLEDGMENT

I certify that the emergency contact information provided above is accurate and complete to the best of my knowledge. I understand that I am responsible for notifying SMELC administrative staff immediately of any changes to this information.

|                           |  |      |  |
|---------------------------|--|------|--|
| Parent/Guardian Signature |  | Date |  |
|---------------------------|--|------|--|

|              |  |                   |  |
|--------------|--|-------------------|--|
| Printed Name |  | Staff Received By |  |
|--------------|--|-------------------|--|