



# Maine Mountain Children's House

## Emergency Contact Form

In the case of an emergency, it is crucial that we are able to reach parents as soon as possible. Please make sure the contact info listed is accurate and up-to-date.

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

Parent/Guardian 1 Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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**).

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 I hereby constitute and appoint Maine Mountain Children's House as 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) until I can be reached while my child(ren) are in the care of Maine Mountain Children's House.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_

**It is required that MMCH have on record a copy of your child's up-to-date immunization record from your pediatrician based on guidelines from the Center of Disease Control.**

\*No child shall be required under this rule to have any such immunization if his/her pediatrician states in writing that the child is medically exempt from receiving such. In the event of a disease outbreak, children not vaccinated for medical reasons must be excluded from the program until the outbreak no longer exists, or until the child receives necessary immunization.