

Peace of Mind Nannies Family Emergency Form:

Father
Place of work:
Address:
Phone:
Cell Phone:
Email address:

Mother
Place of work:
Address:
Phone:
Cell Phone:
Email address:

Child Information:
Name:
Social Security #:
Date of Birth:

Medical Conditions/Medications:
Allergies:
Weight:
Other notes:

Child Information:
Name:
Social Security #:
Date of Birth:

Medical Conditions/Medications:
Allergies:
Weight:
Other notes:

Alternate Emergency Contacts:
Name:
Phone:
Relationship:

Name:
Phone:
Relationship:

Neighbors:
Names:
Address:
Phone:

Names:
Address:
Phone:

Nanny Information:
Emergency contact:
Secondary Contact:

Phone:
Phone:

School or Day Care:

Name:

Address:

Phone:

Teacher:

Main Phone:

Coach:

Phone:

Name:

Address:

Phone:

Teacher:

Main Phone:

Coach:

Phone:

Medical:

Hospital:

Doctor(s)

Address

Phone:

Dentist Office:

Dentist:

Address:

Phone:

Medical Insurance Information:

Insurance Company:

Policy/group #:

*Attach a copy of the card

Car Insurance:

Insurance Company:

Policy #:

*Attach a copy of the card

Important Numbers:

Poison Control:

Police Department:

Fire Department:

Other Numbers:

Security System:

Key Pad Code:

Password:

Garage Door Key Pad Code:

Extra Key located:

EMERGENCY: CALL 911

In emergency, call parents or send a text message right away to keep them updated.

PARENTAL AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:

In the case of accident or illness, should my child(ren) _____ become ill during the time that s/he is in the care of _____ (name of nanny) or suffers an accident of any character, I (we) shall be contacted immediately. In the event that I (we) cannot be contacted immediately, the nanny shall be authorized to secure such medical attention and care as may be necessary.

Signature of Parent: _____ Date: _____

Signature of Parent: _____ Date: _____