

1247 Riverside Ave.
Fort Collins, CO 80524
Phone (970) 472-1984
Fax (970) 472-1990

littlebearsc@qwestoffice.net



2551 Hampshire
Fort Collins, CO 80526
Phone (970)484-3932
Fax (970)484-3964

littlebears@qwestoffice.net

Child's Name: _____ Birth Date: _____

Emergency Contacts and Authorized Pickup Persons: (including parents/guardians)

Name: _____ Relationship to child: _____

Address: _____ (H) (W) (C) Phone: _____

_____ (H) (W) (C) Phone: _____

Name: _____ Relationship to child: _____

Address: _____ (H) (W) (C) Phone: _____

_____ (H) (W) (C) Phone: _____

Name: _____ Relationship to child: _____

Address: _____ (H) (W) (C) Phone: _____

_____ (H) (W) (C) Phone: _____

Name: _____ Relationship to child: _____

Address: _____ (H) (W) (C) Phone: _____

_____ (H) (W) (C) Phone: _____

Name: _____ Relationship to child: _____

Address: _____ (H) (W) (C) Phone: _____

_____ (H) (W) (C) Phone: _____

More Emergency Information: (all must be filled out per state requirements)

Child's Doctor: _____ Phone: _____

Address: _____

Child's Dentist: _____ Phone: _____

Address: _____

Hospital of Choice: _____ Phone: _____

Address: _____

Insurance: _____ ID#: _____

In case of a medical or other emergency, while my child(ren) are in Little Bear's Child Care, Inc.'s supervision. I understand that staff will attempt to contact me immediately, however, in the event that I cannot be reached, or when a delay would further jeopardize the child's health, I hereby authorize Little Bear's Child Care, Inc. to act on my behalf and to take emergency measures (including, contacting the doctor or dentist named above, administering first aid/CPR, transporting via ambulance to a local hospital or transporting to an emergency shelter in the event of an emergency evacuation) if deemed necessary by the staff of Little Bear's Child Care, Inc. or by medical authorities for the care and protection of my child.

Parent/Guardian Signature: _____ Date: _____