

KIDZWAY LEARNING CENTER - CHILD INFORMATION FORM for EMERGENCY/DISASTER PREPAREDNESS

INSTRUCTIONS TO PARENTS:

(1) Complete all items on this form. Sign and date where indicated.

(2) If your child has a medical condition, which might require emergency medical care, complete the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY. DATE: _____

When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency/disaster:

1. Name _____ Telephone (H) _____ (W) _____

Address: Street/Apt. # _____ City _____ State _____ Zip Code _____

2. Name _____ Telephone (H) _____ (W) _____

Address: Street/Apt. # _____ City _____ State _____ Zip Code _____

3. Name _____ Telephone (H) _____ (W) _____

Address: Street/Apt. # _____ City _____ State _____ Zip Code _____

Child's Primary Physician: _____ Telephone _____

Address: Street/Apt. # _____ City _____ State _____ Zip Code _____

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____

Child's Name _____ Birth Date _____

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home

Address: _____

Street/Apt. # _____ City _____ State _____ Zip Code _____

KIDZWAY LEARNING CENTER EMERGENCY/DISASTER PREPAREDNESS PARENT INFORMATION FORM FOR REUNIFICATION

This information is to be shared with parents and updated annually.

Name of Provider/Program	Kidzway Learning Center
Program address	5700 US HWY 127 South Frankfort, KY 40601
Emergency/ Disaster contact at the child care program	Tammy McMichael
Phone number of emergency/disaster contact	Tammy: 502-545-3211
Cell phone of emergency/disaster contact (Please do not call cell phone number during non-emergencies)	Beci: 502-320-4527 Marissa: 502-229-0582
In the event the facility must be evacuated because of an emergency/disaster, the staff and children will leave the building and gather in the immediate area at:	Parking Lot in front of the church
In the event the facility must be evacuated because of an emergency/disaster in the immediate area the children and staff will be transported by <u>walking</u> to:	5930 US HWY 127 South Frankfort, KY 40601 (Church Office)
The address, phone number, and contact person at the relocation site is:	5930 US HWY 127 South Frankfort, KY 40601 Beci Peavler: 502-320-4527
The address, phone number, and contact person of the alternate relocation site (#2) if the first relocation is not accessible, is:	N/A
If necessary, children will be transported to this health care facility:	Frankfort Regional Medical Center
Address and phone number of health care facility:	299 Kings Daughters Drive Frankfort, KY 40601 502-875-5240
Please see your child care provider if you would like to review the complete emergency/disaster preparedness plan.	

KIDZWAY LEARNING CENTER

I have reviewed the procedures outlined in the Emergency/Disaster Preparedness Plan and ensure that all above information is correct to the best of my knowledge. I am familiar with the plan's components and understand that these procedures will be followed in case there is an emergency/disaster affecting child care.

Signature: _____

Date: _____