



Confederated Tribes of the Goshute Reservation
CHILD CARE DEVELOPMENT FUND PROGRAM
6671 S Redwood Rd, Suite 101
West Jordan, UT, 84084
Phone: (801) 883-9103

CHILD CARE EMERGENCY CONTACT INFORMATION

Home Provider Information

Home Provider Name: _____ Phone: _____
Address: _____ Email: _____

Child and Parent Information

Child's Name: _____ Date of Birth: _____
Approved Location (where care will be provided): _____
Parent/Guardian's Name: _____ Phone: _____
Address: _____ Email: _____
Parent/Guardian's Name: _____ Phone: _____
Address: _____ Email: _____

Emergency Contacts (who may pick up child or who to contact when parent/guardian is unavailable)

Name #1: _____ Phone: _____
Name #2: _____ Phone: _____

Child's Medical Information

Clinic Name: _____ Doctor's Name: _____
Address: _____ Phone: _____
Allergies/Medical Conditions: _____

In Case of an Emergency

Name of Hospital: _____ Address: _____
Name of Insurance: _____ ID #: _____
Policy Holder's Name: _____

Parent/Guardian Consent and Agreement for Emergencies

As Parent/Guardian, I give consent to have my child receive First Aid/CPR by the Home Provider and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by my insurance. I agree to review and update this information when changes occur and once a year.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Provider Signature

Date