**TARA’S DAYCAMP EMERGENCY/CONTINGENCY PLAN**

IN THE EVENT YOUR CHILD IS INJURED OR BECOMES SICK AND REQUIRE IMMEDIATE MEDICAL CARE WHILE ATTENDING MY HOME CHILD CARE, PARAMEDICS WILL TRANSPORT YOUR CHILD TO THE HOSPITAL. I WILL NOTIFY YOU (THE PARENT) IMMEDIATELY OF THE INCIDENT IN ORDER FOR YOU OR SOMEONE FROM YOUR EMERGENCY LIST TO COME TO THE HOSPITAL. IF THE PARENTS ARE UNABLE TO BE REACHED, I WILL CONTACT THE PEOPLE ON THE EMERGENCY LIST TO GO TO THE HOSPITAL.

PROVIDER OR ONE OF THE ASSISTANTS/SUBSTITUTES WILL ACCOMPANY OR FOLLOW YOUR CHILD TO THE HOSPITAL TO BE SUPPORTIVE UNTIL A PARENT OR OTHER EMERGENCY CONTACT PERSON HAS ARRIVED AT THE HOSPITAL. DURING AN EMERGENCY SITUATION THAT INVOLVES MORE THAN ONE CHILD, WE WILL TRY OUR BEST TO ACCOMPANY ALL CHILDREN TO THEIR ASSIGNED HOSPITALS UNTIL FAMILY HAS ARRIVED.

IF WE NEED TO CALL IN AN EMERGENCY SUBSTITUTE TO STAY WITH THE OTHER CHILDREN, WE WILL ALLOW THE PARAMEDICS TO TRANSPORT YOUR CHILD AND FOLLOW AS SOON AS THE SUBSTITUTE ARRIVES TO CARE FOR THE REMAINING CHILDREN.

PARENT/GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROVIDER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY/CONTINGENCY CHILD PICKUP

(Use additional sheet of paper if more than 3 people are authorized to pick up child)

I/we authorize\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone

and/or\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone

and/or\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone

to pick up my/our child when I am/we are unavailable.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian

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Relationship to child

Revised 01/06/2021