



Joyful Noise Christian Childcare
 508 Franklin St., Grand Haven, MI 49417
 (616) 847-6600

STAFF EMERGENCY AND MEDICAL INFO

NAME: _____

EMERGENCY CONTACTS:

Person(s) to be contacted in the event of an emergency

1) NAME: _____ Home Phone: () _____

Cell Phone: () _____

2) NAME: _____ Home Phone: () _____

Cell Phone: () _____

PREFERRED HOSPITAL: _____

SERIOUS HEALTH CONDITIONS EMERGENCY STAFF SHOULD BE AWARE OF: _____

MEDICATIONS EMERGENCY STAFF SHOULD BE AWARE OF: _____

PERMISSION TO SECURE MEDICAL TREATMENT

In the event of an emergency, I give Joyful Noise Childcare permission to secure the proper medical emergency treatment for me.

Employee Signature

Date

Please complete the above form
 and return to office.