

## Daycare Travel Information Card

Childs Name \_\_\_\_\_ DOB \_\_\_\_\_


Parents Name \_\_\_\_\_ DaytimePhone \_\_\_\_\_

Work/Address \_\_\_\_\_ Evening Phone \_\_\_\_\_

Doctors Name \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance \_\_\_\_\_

Allergies? \_\_\_\_\_ Emergency Contact \_\_\_\_\_

 has permission to transport my child in her car and to authorize necessary emergency medical treatment.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_