

# Upper Dublin Christian Nursery School

---

## Child Emergency Contact Information and Consent Form 2017/2018 School Year

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

Parent or Guardian #1: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent or Guardian #2: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **Emergency Contacts** (to whom your child may be released to when parent or guardian cannot be reached)

Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell Phone \_\_\_\_\_

Written permission must be on file for anyone other than a parent/guardian to pick up your child from the center.

### **Child's Primary Medical Care**

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

In case of an emergency, hospital to take your child: \_\_\_\_\_

### **Child's Health Insurance**

Name of Insurance Plan: \_\_\_\_\_

Certificate Number (or ID) #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

### **Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:**

---

### **Parent/Legal Guardian Consent and Agreement for Emergencies**

As parent/guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Beginning of Year Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mid Year Review Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_