Upper Dublin Christian Nursery School

Child Emergency Contact Information and Consent Form 2026/2027 School Year

Please Print Clearly and complete ALL information.

Child's Name: _____ Birthdate: _____

Address/City/State/Zip:

_____

Parent/Guardian #1: _____

Cell Phone: _____ EMAIL Address: _____

Parent/Guardian #2: _____

Cell Phone: _____ EMAIL Address: _____

Emergency Contact Name and other persons I give permission for my child to be released to *other than Parent/Guardian*:

1. Name/Relation to child: _____Cell Number: _____
   Address/City/State/Zip: _____
2. Name/Relation to child: _____Cell Number: _____
   Address/City/State/Zip: _____
3. Name/Relation to child: _____Cell Number: _____
   Address/City/State/Zip: _____

Child's Physician's Name: _____Phone: _____

Address/City/State/Zip: _____

Child's Health Insurance**-**Name of Insurance Plan and ID #:

_____

Allergies, Special Dietary or Medical Conditions:

_____

Does your child receive any services from the MCIU or private therapies? YES ☐ NO ☐

If yes, please provide details:_____

I acknowledge that I have read and accept the policies stated in the UDCNS Parent Handbook (located on our website): **YES** ☐

***MEDIA/PHOTO PERMISSIONS*: I GIVE PERMISSION FOR MY CHILD'S PICTURE TO APPEAR IN ALL MARKETING MATERIALS and SOCIAL MEDIA RELATED TO UPPER DUBLIN CHRISTIAN NURSERY SCHOOL: YES ☐ NO ☐**

Parent/Legal Guardian Consent and Agreement for Emergencies:
As parent/guardian, I give consent to have my child receive minor first aid procedures by facility staff, and, if necessary, to receive emergency medical care and be transported to an emergency facility. 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: _____