

Upper Dublin Christian Nursery School

Child Emergency Contact Information and Consent Form 2019/2020 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: _____