

# Upper Dublin Christian Nursery School

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## Child Emergency Contact Information and Consent Form 2022/2023 School Year

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

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

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

Telephone: Cell Phone \_\_\_\_\_ EMAIL Address: \_\_\_\_\_

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

Telephone: Cell Phone: \_\_\_\_\_ EMAIL Address: \_\_\_\_\_

Emergency Contact Name and Cell Number: \_\_\_\_\_

**Written permission must be on file with the Release Authorization Form, for anyone other than a parent/guardian to pick up your child from the center.**

### Child's Primary Medical Care

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

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

### Child's Health Insurance

Name of Insurance Plan and ID #: \_\_\_\_\_

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

\_\_\_\_\_

**PHOTO PERMISSIONS: YES OR NO:** I give permission to have my child's picture/video on the UDCNS Website for marketing purposes only.

### 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.

**Media Policy Consent: Yes or No.** (I do) or (do not) give permission for my child to appear in UDCNS marketing materials.

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

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