

EMERGENCY INFORMATION

(Please fill out completely)

Name _____ Birthdate _____

Address _____

Parents: 1. _____ Work Phone _____

Home Phone _____ Cell Phone _____

2. _____ Work Phone _____

Home Phone _____ Cell Phone _____

TWO EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED:

1. Name _____ Phone _____

Address _____ Cell Phone _____

2. Name _____ Phone _____

Address _____ Cell Phone _____

I give permission to the Christian Day Child Academy to make whatever emergency (e.g. first aid, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of the Preschool including calling 911 with staff following through as advised.

In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deems it necessary.

It is understood that in some medical situations, the staff may need to contact the local emergency resource before the parent, child's physician, and / or other adult acting on the parent's behalf. However, parents will also be called immediately.

Date _____ Signature _____

Parent or Guardian

Please turn over.

The following medical and dental information must be filled out completely. If parents do not have a regular source of health or dental care they must still identify a source of medical or dental care to be used in an emergency.

Dentist's Name _____ Phone _____

Clinic _____

Address _____

Physician's Name _____ Phone _____

Clinic _____

Address _____

Date of last DPT _____ Weight _____

Allergies (food, medication) _____

Epi-pen needed? _____

Currently taking these medications _____

Other significant medical information _____
