



### Child Emergency Contact Information

Child's Name \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_  
Class: \_\_\_\_\_  
(M)-Email: \_\_\_\_\_  
(F)-Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
**Preferred Phone:** \_\_\_\_\_  
Mother's employer: \_\_\_\_\_  
Father's employer: \_\_\_\_\_  
Cell (Mom): \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
(M) Work Phone: \_\_\_\_\_  
(D) Work Phone: \_\_\_\_\_  
Cell (Dad): \_\_\_\_\_

#### **Custody Information:**

Person(s) with legal custody of child (relationship): \_\_\_\_\_ (if other than parent registering)

#### **Emergency Contacts:** (To whom child may be released to if parent is unavailable)

#1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Emergency Medical Care**

I, \_\_\_\_\_, the parent or legal custodian of \_\_\_\_\_, who is my minor child; hereby authorize emergency medical treatment for my child in the event I cannot be contacted. I understand that I will be financially responsible for the cost of all treatment.

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

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

Subscriber's Name (on insurance card) \_\_\_\_\_

Special conditions, Disabilities, Allergies, or Medical Information for Emergency Situations

***\*\*If your child is receiving services with the Intermediate Unit, please schedule a meeting with the teacher and director so we can all be working towards the same goals.***

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#### **Child's usual source of medical care:**

Provider: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

As parent/legal guardian, I give consent to have my child receive first aid by 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 give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to update this information whenever a change occurs through the school year.

#### **Field Trips**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, who is my minor child, hereby give permission for my child to take nature walks around the premises. I also give permission for my child to use all of the play equipment and participate in all of the activities of the preschool. I also give permission for my child to be included in observations connected with the program.

Date: \_\_\_\_\_ Parent/Legal Custodian's Signature #1: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Legal Custodian's Signature #2: \_\_\_\_\_

Signature implies accuracy and agreement of the above information.