



## **A CHILD'S WAY KINDERGARTEN-PRESCHOOL EMERGENCY FORM**

Complete, print and sign 3 copies of this form. It is your responsibility to keep your contact information current.

Child's name \_\_\_\_\_  M or  F Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_ Class and Teachers \_\_\_\_\_

Preferred email address for school communication: \_\_\_\_\_

**PARENT(S) or GUARDIAN(S) INFORMATION:** *(in the event your child is sick or injured we will contact a parent or guardian first in the order you indicate). All fields are required to be completed.*

Name(s) of Parent(s) or Guardian(s) \_\_\_\_\_

#1 *(try to reach this person first)*

Primary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number(s): \_\_\_\_\_  Cell  Home

Place of employment \_\_\_\_\_ Work phone number \_\_\_\_\_

Can you be reached at the work number during preschool hours?  YES or  NO

#2 *(try to reach this person second)*

Second Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number(s): \_\_\_\_\_  Cell  Home

Place of employment \_\_\_\_\_ Work phone number \_\_\_\_\_

Can you be reached at the work number during preschool hours?  YES or  NO

If parent or guardian cannot be reached, list two **local** alternatives below *(in the event we cannot reach a parent or guardian we will call one of these people):*

Alternative Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number(s): \_\_\_\_\_  Cell  Home

Alternative Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number(s): \_\_\_\_\_  Cell  Home

### **AUTHORIZATION FOR EMERGENCY TREATMENT OF MY CHILD**

We will always try to reach a parent or legal guardian if there is an emergency involving your child. If your child is involved in an accident that we feel is serious, we will call 911 which sends a rescue truck (paramedics) and ambulance. If the determination is made that emergency care is needed at a hospital, the ambulance will transport your child to an emergency room for treatment.

As a parent or legal guardian of \_\_\_\_\_  
*Child's name* *Birthdate*

I hereby give permission for medical personnel to provide any medical or surgical treatment deemed necessary for the well-being of my child if a parent or guardian cannot be reached. I agree I am solely responsible for payment of all costs resulting from the rendering of medical and ambulance services.

✓ Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INFORMATION FOR:** \_\_\_\_\_  
Child's name

List all allergies (food, pet, other): \_\_\_\_\_

If your child has an allergy, does your child have an Epi Pen? Yes or No

**Parent(s) or Guardian(s) are responsible for providing an Epi-pen if prescribed by a physician. All Medication is stored in the school office.**

List all Allergies to medications: \_\_\_\_\_

Food Preferences (Vegetarian, gluten-free, vegan, etc): \_\_\_\_\_

**I understand that my child's food allergies or food preferences will be posted in the classroom.**

Please list all Chronic Illnesses, Medical Concerns, or any other pertinent information that might require our special attention?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list all Current Medications: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone number \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy/Group ID number: \_\_\_\_\_

√ **Signature of parent or legal guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**PICK UP AUTHORIZATION**

**The following people are authorized to pick up my child:**

	<b>Name</b>	<b>Relationship</b>	<b>Phone #</b>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____

√ **Signature of parent or legal guardian** \_\_\_\_\_ **Date** \_\_\_\_\_