## **EMERGENCY INFORMATION**

Home Address	Child's Name		Date of Birth	
Contact Information (Please list these people in the order in which you want us to contact them.)  Parent 1 Name	Home Address		Town	Zip
Parent Contacts Parent 1 Name	Home Phone	Preferred E	-mail Address	
Parent 2 Name	Carola el Tufaconalia y (DI			
Cell Phone	•	list these people in the	e order in which you want us t	co contact them.)
Business Phone Business Address Business Address  If unable to contact parents, these people are authorized to remove my child from school:  Name Town of Residence Cell Phone Home Phone  1. 2. 3. Phone Home Phone  Medical Information  Child's Physician Phone Hospital Preferred (In case of emergency, EMS personnel may determine the hospital based on the availability.)  Allergies Medications Phone Policy Number Policy Number  I give permission to the Methodist Nursery School Staff to make whatever emergency measures (e.g., first aid, disaster evacuation) as judged necessary for the care and protection of my child while under the supervision of the School/Center.  In case of a 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 deems it necessary. The child will be transported at the expense of the parent.  It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.	Parent 1 Name		Parent 2 Name	
Business Address  If unable to contact parents, these people are authorized to remove my child from school: Name  Town of Residence Cell Phone Home Phone  1. 2. 3.  Medical Information Child's Physician Phospital Preferred (In case of emergency, EMS personnel may determine the hospital based on the availability.) Allergies Medications Other Significant Medical Information Parent's Health Insurance Company Policy Number  I give permission to the Methodist Nursery School Staff to make whatever emergency measures (e.g., first aid, disaster evacuation) as judged necessary for the care and protection of my child while under the supervision of the School/Center.  In case of a 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 deems it necessary. The child will be transported at the expense of the parent.  It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.	Cell Phone		Cell Phone	
Local Contacts  If unable to contact parents, these people are authorized to remove my child from school: Name Town of Residence Cell Phone Home Phone  1	Business Phone		Business Phone	
If unable to contact parents, these people are authorized to remove my child from school:  Name  Town of Residence Cell Phone Home Phone  Cell Phone Home Phone	Business Address		Business Address	
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Name Town of Residence Cell Phone Home Phone  1		people are authorized	d to remove my child from sch	nool:
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Medical Information  Child's Physician				
Child's Physician Phone	J			
Hospital Preferred	Medical Information			
Hospital Preferred			Phone	
(In case of emergency, EMS personnel may determine the hospital based on the availability.)  Allergies				
Other Significant Medical Information				ability.)
Other Significant Medical Information	Allergies	·	Medications	
Parent's Health Insurance CompanyPolicy Number				
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Date Signature		· · · · · · · · · · · · · · · · · · ·		I emergency resource before
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(Parent or Guardian)