

EMERGENCY INFORMATION

Child's Name _____ Date of Birth _____

Home Address _____ Town _____ Zip _____

Home Phone _____ Preferred E-mail Address _____

Contact Information (Please list these people in the order in which you want us to contact them.)

Parent Contacts

Parent 1 Name _____ Parent 2 Name _____

Cell Phone _____ Cell Phone _____

Business Phone _____ Business Phone _____

Business Address _____ Business Address _____

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. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Medical Information

Child's Physician _____ Phone _____

Hospital 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.

Date _____ Signature _____

(Parent or Guardian)