

EMERGENCY INFORMATION FORM 2018-19

Child's Name: _____ Date of birth: _____

Address: _____

Mother's Name: _____ Mother's Home #: _____

Mother's Work #: _____ Mother's Cell phone #: _____

Father's Name: _____ Father's Home #: _____

Father's Work #: _____ Father's Cell phone #: _____

If applicable:

Guardian's Name: _____ Guardian's Home #: _____

Guardian's Work #: _____ Guardian's Cell phone #: _____

Emergency contact (other than parent or guardian):

Name: _____ Phone #: _____

Known Allergies: _____

Insurance Company: _____ Policy #: _____

Physician's Name & phone #: _____

Preferred Hospital Choice**: _____

**Emergency medical responders have the right to decide which hospital they will transport your child to but your choice will be made known.

Medical treatment: I, _____ hereby authorize the person in charge to consent on my behalf to whatever medical diagnosis or treatment deemed necessary or advisable by such person for the well-being of my child, _____. In an emergency medical situation, I give permission for the staff of Village Green Nursery School to have my child transported, by emergency vehicle, to a hospital for medical care.

Signed: _____ Date: _____
(Parent or guardian)

I give permission for my child, _____ to leave the licensed school area of Village Green Nursery School with Village Green Nursery School staff from September 2018 through June 2019. I understand that this permission card is for walks in the immediate areas around the nursery school room inside and outside of the building.

Signed: _____ Date: _____
(Parent or Guardian)