

SU00822

**EMERGENCY CONTACTS**

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent(s)/guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) hereby authorize the below listed individual(s) to be contacted in case of emergency while my child is in attendance on **The Vine Early Learning, Inc.’s** campus. I/We understand that in my/our absence(s), the listed individual(s) may act as the sole consent for treatment authorization of my/our child.

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Contact One: Legal Name, Address, Telephone, Relationship to Child

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Contact Two: Legal Name, Address, Telephone, Relationship to Child

By signing below, I/we acknowledge and understand that the above listed individual(s) may be contacted by The Vine Early Learning, Inc. with private information if I/we are unable to reached in the event that there is an emergency with my/our child at the discretion of the Director.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature