

# TRIPLE C NURSERY SCHOOL

## Emergency Information

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother or Guardian \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Father or Guardian \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Please indicate if there is somewhere else that you can be reached during school hours:

\_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

### Persons to be called in case of emergency other than parents:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list. \_\_\_\_\_

Medical or Dietary Information Necessary in Emergency: \_\_\_\_\_

Special Disabilities/Additional Information on Special Needs: \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Persons authorized to pick up child:

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

I hereby give permission that my child may be given emergency treatment, to include first aid and CPR by a qualified staff member of Triple C Nursery School. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such a case, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further authorize said center to take my child to a hospital, and I agree that I will pay all physician and hospital bills and said center shall not be responsible for them.

I release Triple C Nursery School to photograph and/or videotape my child while participating in daily activities, and to use the photographs and/or videos in displays, social media, websites or other publications showing these daily activities.

### Signatures of all legal guardians required.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Mother or Guardian)

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Father or Guardian)