TRIPLE C NURSERY SCHOOL

Emergency Information

release Triple C Nursery School to photograph and/or videotape my child while participating in daily activities, and o use the photographs and/or videos in displays, social media, websites or other publications showing these daily	Name of Child	Birthdate	Weight	
Employer Phone Other Phone Hours Cell Phone Other Phone Hours Employer Phone Phone Hours Cell Phone Other Phone Hours Cell Phone Other Phone Hours Cell Phone Other Phone Hours 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 Relationship to Child Address Phone Mane Relationship to Child Phone Mane Phone Ph	Address			
Employer Phone Other Phone Hours Cell Phone Other Phone Hours Employer Phone Phone Hours Cell Phone Other Phone Hours Cell Phone Other Phone Hours Cell Phone Other Phone Hours 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 Relationship to Child Address Phone Mane Relationship to Child Phone Mane Phone Ph	Mother or Guardian			
Employer	Employer	Phone	Hours	
Employer	Cell Phone	Other Phone		
Cell Phone Other Phone Please indicate if there is somewhere else that you can be reached during school hours: Phone Hours Phone Hours Phone Hours Phone Hours Phone Hours Phone Presons 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 Phone Phone Child's Physician Phone	Father or Guardian			
Please indicate if there is somewhere else that you can be reached during school hours: Phone	Employer	Phone	Hours	
Persons to be called in case of emergency other than parents: Name	Cell Phone	Other Phone		
Persons to be called in case of emergency other than parents: Name	Please indicate if there is somewhere else	e that you can be reached during school hours	s:	
Name Relationship to Child Address Phone Medical Information Child's Physician Phone Phone Allergies: Yes No If yes, please list. Phone Medical or Dietary Information Necessary in Emergency: Special Disabilities/Additional Information on Special Needs: Policy #: Policy #: Policy #: Persons authorized to pick up child: Group #: Policy #: Policy #: Persons authorized to pick up child: Persons authorized to pick up child: Persons authorized to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a censed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's regular physician or hospital care, treatment, and rocedures to be performed for my child by my child's regular physician, or when that physician to safeguard my child's realth if I cannot be contacted. In such a case, I waive my right of informed consent to such 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 to take my child to a hospital, and I agree that I will pay all physician in daily activities, and to use the photographs and/or videos in displays, social media, websites or other publications showing these daily ctivities. Signature Date: (Mother or Guardian)		Phone	Hours	
Address	Persons to be called in case of emerger	ncy other than parents:		
Name	Name	Relationship to	Child	
Medical Information Child's Physician	Address	Pho	Phone	
Medical Information Child's Physician	Name	Relationship to Child		
Medical Information Child's Physician	Address	·		
Child's PhysicianPhone	Madical Information			
Child's Dentist		Dhono		
Allergies: YesNoIf yes, please list				
Medical or Dietary Information Necessary in Emergency: Special Disabilities/Additional Information on Special Needs: Medical Insurance				
Special Disabilities/Additional Information on Special Needs:				
Medical Insurance				
Persons authorized to pick up child: hereby give permission that my child may be given emergency treatment, to include first aid and CPR by a qualified staff nember 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 censed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's realth if I cannot be contacted. In such a case, I waive my right of informed consent to such treatment. 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 thall not be responsible for them. release Triple C Nursery School to photograph and/or videotape my child while participating in daily activities, and o 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 [Mother or Guardian]				
hereby give permission that my child may be given emergency treatment, to include first aid and CPR by a qualified staff nember 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 censed 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. 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. release Triple C Nursery School to photograph and/or videotape my child while participating in daily activities, and of 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		Group #:	Policy #:	
nember 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 censed 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. also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further nuthorize 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. release Triple C Nursery School to photograph and/or videotape my child while participating in daily activities, and of 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	Persons authorized to pick up child:			
nember 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 censed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's lealth if I cannot be contacted. In such a case, I waive my right of informed consent to such treatment. 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 thall not be responsible for them. release Triple C Nursery School to photograph and/or videotape my child while participating in daily activities, and of 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				
nember 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 censed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's lealth if I cannot be contacted. In such a case, I waive my right of informed consent to such treatment. 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 thall not be responsible for them. release Triple C Nursery School to photograph and/or videotape my child while participating in daily activities, and of 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				
nember 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 censed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's lealth if I cannot be contacted. In such a case, I waive my right of informed consent to such treatment. 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 thall not be responsible for them. release Triple C Nursery School to photograph and/or videotape my child while participating in daily activities, and of 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				
chall not be responsible for them. release Triple C Nursery School to photograph and/or videotape my child while participating in daily activities, and o 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	member of Triple C Nursery School. I furth procedures to be performed for my child by icensed physician or hospital when deemed nealth if I cannot be contacted. In such a call also give permission for my child to be train	ner authorize and consent to medical, surgical y my child's regular physician, or when that phed immediately necessary or advisable by the ase, I waive my right of informed consent to see nsported by ambulance or aid car to an emergence.	I, and hospital care, treatment, and hysician cannot be reached, by a physician to safeguard my child's uch treatment. gency center for treatment. I further	
o 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	authorize said center to take my child to a he shall not be responsible for them.	nospital, and I agree that I will pay all physiciar	n and hospital bills and said center	
SignatureDate:Date:				
	Signatures of all legal guardians requir	red.		
	Signature	-	Jate.	
	(Mother or Guardian)		/u.c	
(Father or Guardian)			Jate.	
	(Father or Guardian)	L	,aic	