

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)