

Mother's Day Out EMERGENCY & HEALTH FORM

Child's Name _____ D.O.B. _____

List known allergies; food restrictions; physical, emotional, or behavior disorders, and regularly administrated medications:

Please notate any other information you want us to know about your child:

Your signature below indicates that you have listed above any information you have knowledge of concerning your child's physical, emotional, social, cognitive, and spiritual development. Understanding the whole child is vital to providing individual needs.

Father or guardian's signature _____ Date ____/____/____

Mother or guardian's signature _____ Date ____/____/____

Physician _____ Phone _____

Address _____ City _____

Preferred Hospital _____ Phone _____

Insurance Co. _____ Policy # _____ Phone _____

First person to contact in case of an emergency (Select one).

Mother Father Guardian

Emergency contacts (if parents or guardian are unavailable; in order of preference)

Name _____ Phone _____ Other phone _____

Relationship to child _____

Name _____ Phone _____ Other phone _____

Relationship to child _____

In the event of an emergency involving your child, 911 will be called first, then parent or guardian. The parent/guardian can call the child's doctor. If the parent or guardian cannot be reached and the child needs to be transported to hospital, a designated staff member will accompany child, and physician information will be given to hospital. Parent signature below indicates that all information above is true and that you agree to notify the school of any changes. It further indicates you have read and understand our emergency procedure.

Father or guardian's signature _____ Date ____/____/____

Mother or guardian's signature _____ Date ____/____/____