



Emergency Information 2012-2013

Child's Name _____

Date of Birth _____

Please indicate the Parent/Guardian to contact first in case of an illness or emergency by putting his/her information in the Parent/Guardian #1 column. Then, please put a ** next to the Primary Contact's phone number the school should call first.

Parent/Guardian #1 (Primary Contact)

Parent/Guardian #2

Name

Name

Home phone

Home phone

Work phone

Work phone

Cell phone

Cell phone

Email address

Email address

If we are unable to reach parent(s)/guardian(s), we will attempt to reach the persons listed below. The person contacted first will then assume responsibility until the parent(s)/guardian(s) are located and notified.

Full name

Relationship

Phone

Full name

Relationship

Phone

Medical and Dental Information

Child's Physician

Address

Phone

Child's Dentist

Address

Phone

Specific instructions regarding emergency care if not covered above (use back of form if necessary)

Date of last tetanus shot

Any known allergies

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I understand that in some emergency situations the center may need to contact the emergency medical service (911) before the parent or guardian, child's physician, and/or other adults acting on the parents' behalf. In the event of a medical emergency, I understand that my child will be transported to the nearest hospital if the local emergency unit determines this is necessary for treatment.

I hereby grant permission to the staff of Mayflower Early Childhood Center to take whatever emergency measures are judged necessary for the care and protection of my child above named.

Insurance Provider

ID#

Account #

Parent/guardian carrying insurance

Please include a current photo of your child (attach here).

Child's hair color

Child's eye color

Child's height

Child's weight

Please describe any distinguishing marks/birthmarks your child has

Parent/guardian signature

Date