

early childhood center

you belong at the center. experience it.

Student Emergency Form

Page 1 (of 2)

Child's Name

Date of Birth

Date of last DPT

Allergies or other significant medical information

Parent/Guardian 1 Name (First & Last)

E-mail

Home Phone

Cell Phone

Work Phone

Address/City/Zip

Parent/Guardian 2 Name (First & Last)

E-mail

Home Phone

Cell Phone

Work Phone

Address/City/Zip

Emergency contact/authorized individual who may pick up child

Home Phone

Cell Phone

Work Phone

Address/City/Zip

Emergency contact/authorized individual who may pick up child

Home Phone

Cell Phone

Work Phone

Address/City/Zip

Please complete other side.



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Physician Name

Dentist Name

Physician Phone

Dentist Phone

Physician Address

Dentist Address

I give permission to the Sabes JCC Early Childhood Center to take whatever emergency measures are judged necessary (first aid, disaster evacuation, etc.) for the care and protection of my child while under the supervision of the Center. In case of a medical emergency, I understand that my child will be transported at my expense to the nearest hospital by the local emergency unit for treatment, if the local emergency resource (Police Rescue squad) deems it necessary. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult on the parent's behalf.

Parent/Guardian's Signature

Date



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