The Village for Early Childhood Education EMERGENCY CARD 2019-2020

Child's Name _____ Date of Birth _____ Girl Boy
First Middle Last

Home Address _____ Phone No. (____)_____
Street Address City Zip

Please "✳" first phone number to call in emergency.

Parent/Guardian Information:	**Parent/Guardian Information:**
Relationship to child: _____	Relationship to child: _____
Last Name: _____	Last Name: _____
First Name: _____	First Name:_____
Address: _____	Address:_____
City: _____ State: _____Zip: _____	City: _____ State: _____ Zip: _____
Home/Cell Phone: (____) _____	Home/ Cell Phone: (_____)_____
Employer _____	Employer _____
Work Phone: (____) _____	Work Phone: (____) _____
Work Address: _____	Work Address: _____
Email Address: _____	Email Address: _____
Custodial Parent/Guardian? □Yes □No	Custodial Parent/Guardian? □Yes □No
Child resides with this person? □Yes □No	Child resides with this person? □Yes □No

Names/ages of sibling(s) _____
Language(s) spoken in the home: _____
List the name and requested information of other adults who are **authorized** to pick up your child in case of an emergency. **We will only release your child to adults and family members over the age of 16 listed on this form.**

1) _____
Name Relationship to Child Street Address Home Phone /Day Phone Cell #

2) _____
Name Relationship to Child Street Address Home Phone /Day Phone Cell #

3) _____
Name Relationship to Child Street Address Home Phone /Day Phone Cell #

The following people **MAY NOT** remove my child from school premises:
Name _____ Relationship to child _____
Name _____ Relationship to child _____

The following are required by licensing:
Child's Physician _____ Phone No. _____
Name Address
Dentist Phone _____ Phone No. _____
Name Address
Hospital of choice _____ Phone No._____
Name Address
Type of medical insurance _____

CONSENT FOR TREATMENT

If we are unable to contact the parent or one of the names listed, this is to certify that for the period for **August 2019 – May 2020**, I hereby authorize The Village for Early Childhood Education to seek treatment from Fire Department Paramedics or the listed physician/dentist for my child. Expense incurred as a result of emergency ambulance use or treatment by physician will not be borne by the school or school personnel. Emergency transportation decisions are made by medical personnel.

List any allergies, chronic illness, history of seizures, special diets, etc. _____
List any medication student receives on a regular basis _____

This form is to be completed and signed by the student's parent or legal guardian

Parent/Legal Guardian Signature: _____ Date: _____