



EMERGENCY INFORMATION

Doctor's Name:

Child's Name:

Doctor's Phone:

Program: 2-Day AM 3-Day AM 5-Day AM
 4-Day PM YNS M/T YNS W/Th

Doctor's Address:

Insurance Carrier:

Policy Number:

Subscriber Name:

Please list phone numbers for parents/guardians, in the order you'd like them called in an emergency.

| Ask for | Phone type | Number |
|---------|------------|--------|
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Please list three (3) local friends or relatives whom we might contact in the event of an emergency should both parents be inaccessible. Please include addresses and phone numbers.

| Ask for | Primary phone | Secondary phone |
|-------------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address: <input type="text"/> | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address: <input type="text"/> | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address: <input type="text"/> | | |

PERMISSION TO PROVIDE EMERGENCY TREATMENT

In the event that my child, , shows any symptoms of illness at school, I understand that the teachers or their representatives will notify me so that I can remove him/her from school.

In the event of an accident or illness which requires, in the opinion of the Winton Road Nursery School, medical care for my child, I give full and complete permission to the teachers of the Winton Road Nursery School or their representatives to secure medical assistance. I understand that I will be notified at the phone number given to the school by me. I release the Winton Road Nursery School from any and all claims which might arise as a result of the medical attention received by my child.

Parent/Guardian Signature: _____ Date: