



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: _____

Mother's Business Phone #: _____ Mother's Home Phone #: _____

Father's Business Phone #: _____ Father's Home Phone #: _____

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.

Name: _____
Address: _____
Phone #: _____
Cell #: _____

Name: _____
Address: _____
Phone #: _____
Cell #: _____

Name: _____
Address: _____
Phone #: _____
Cell #: _____

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 Signature: _____ Date: _____