



## EMERGENCY INFORMATION

Doctor's Name:

Child's Name:

Doctor's Phone:

Program:

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

**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
Address: _____		
Address: _____		
Address: _____		

### 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:** \_\_\_\_\_