



Emergency Card

Child's Name		Birth Date	
Address (1)		Email (2)	
Parent/Guardian Name(s) & Address(es)			
(1)		(2)	
Co. Name & Address		Co. Name & Address	
Home Phone (1)	Cell Phone (1)	Work Phone (1)	
Home Phone (2)	Cell Phone (2)	Work Phone (2)	

Emergency Contacts

Name	
Home Phone	Cell Phone
Relationship	

Name	
Home Phone	Cell Phone
Relationship	

Physician	
Phone	Address

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Dentist Name	
Phone	Address

Date of last DTP (Diphtheria, Tetanus & Pertussis)
Does your child take any medications?
Does your child have any allergies?
Is your child allergic to any medication?
Other significant medical information?

I give permission to the CCNS Staff to make whatever emergency, (e.g., first aid, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of the school.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource, (Police, EMT) deems it necessary. The child will be transported at the expense of me.

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 or the adult acting on the parent's behalf.

Parent/Guardian Signature

Date

For Office Use Only: Student Start Date _____

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Emergency Room Treatment Permission

I, _____ For _____ Age _____, hereby authorize an emergency room doctor (and whomever he may designate as his assistants) to perform emergency treatment and/or procedures as are considered therapeutically necessary on the basis of their findings in relation to the injury presented. I also give permission for my child to be transported to the hospital by ambulance in case of an emergency.

I hereby certify that I have read and fully understand the above authorization for emergency medical and/or surgical treatment.

Parent/Legal Guardian _____

Medical Insurance Number _____

Witness _____

Date _____

Pertinent information for Emergency Room treatment:

Parents' Name: _____

Home Telephone: _____

Cell number: _____ / Work number: _____

Cell number: _____ / Work number: _____

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Contingency Pick Up Plan

The following people should be contacted and have my permission for my child to be transported by, in the event, that neither I nor my spouse (where applicable) can be reached 30 minutes after CCNS has ended in the event of emergency or late pick up.**

Name: _____

Address: _____

Home phone: _____

Cell Phone: _____

Work place and address: _____

Work Phone: _____

Relationship to child: _____

Name: _____

Address: _____

Home phone: _____

Cell Phone: _____

Work place and address: _____

Work Phone: _____

Relationship to child: _____

** I have read the above and understand the CCNS policy and procedure concerning emergency/late pick-ups.

Parent / Guardian's Signature: _____

Date: _____

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Evacuation Permission Form

I, _____, in the event that the Community Cooperative Nursery School has to be evacuated, give my permission for the teachers and room assistants to transport my child to the school's primary evacuation locations:

Alyson & Matt Smith's Home
7 Trolley Place, Rowayton, CT

United Church of Rowayton Nursery School
210 Rowayton Avenue, Rowayton, CT

Rowayton Community Center
33 Highland Avenue, Rowayton, CT

These locations have been identified as emergency shelters. If transported by car, teachers and participating parents will drive the children, secured by seat belts, to these locations.

Resources available in our area:

Fire Department
Police Department
Red Cross

Child's Name: _____

Parent / Guardian's Signature: _____

Date: _____

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