



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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