

2015 / 2016



**EMERGENCY INFORMATION  
AND AUTHORIZATION**

Puddletown School

*This form is valid for one year from September 1, 2015 – August 31, 2016.*

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender  M  F Age at entry \_\_\_\_\_ Date entered \_\_\_\_\_

**PARENT(S) OR GUARDIAN(S):**

**1:** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Mobile \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

Occupation / Employer \_\_\_\_\_ Work hours: From \_\_\_\_\_ to \_\_\_\_\_

**2:** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Mobile \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

Occupation / Employer \_\_\_\_\_ Work hours: From \_\_\_\_\_ to \_\_\_\_\_

**PICK UP AUTHORIZATION:** *Please list below the names of other person(s) authorized to pick up your child, (family, non-custodial parent, nanny, etc.) However, we require that you notify us in writing or by phone when someone other than the usual person will be picking up your child. If a person listed below is someone who will be picking up your child on a regular basis please indicate his or her pick-up schedule.*

**1:** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Mobile \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

The person listed above has my permission to pick-up my child at anytime

The person listed above has my permission to pick-up my child on the following schedule \_\_\_\_\_

**2:** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Mobile \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

The person listed above has my permission to pick-up my child at anytime

The person listed above has my permission to pick-up my child on the following schedule \_\_\_\_\_

Please turn page for more

**PHOTOGRAPHY AUTHORIZATION:**

My child may be photographed for publicity or news purposes.  On site  Off site

**EMERGENCY CONTACT PERSONS:** Please list below at least one authorized emergency contact person(s) normally available during the day if parent or guardian cannot be reached. In an emergency, if we are unable to contact the parent(s) we will release your child into the care of one of the people listed below. Do not list your child's doctor.

1: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Mobile \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

2: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Mobile \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

**CHILD'S DOCTOR:** This information is required.

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**CHILD'S DENTIST:** If your child does not have a dentist, leave these fields blank.

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INFORMATION:** My child has the following chronic illnesses \_\_\_\_\_

\_\_\_\_\_

My child is allergic to \_\_\_\_\_

\_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Group No. \_\_\_\_\_

**MEDICAL PERMISSION:** In the event of a medical emergency Puddletown will have your child transported to Legacy Hospital. If you prefer another hospital (for insurance purposes, etc), you must secure an emergency release form from that hospital and submit it, as well as the Providence form. However, please be advised that the paramedic on the scene has the ultimate authority to decide where to transport a child in a life threatening emergency.

Yes  No In an emergency, Puddletown has permission to call an ambulance or take my child to Legacy Hospital at my expense.

Yes  No In an emergency, Puddletown has permission to obtain medical treatment for my child.  
List restrictions, if any: \_\_\_\_\_

I object to any medical treatment for my child. If you check this box, please initial here: \_\_\_\_\_

**SIGNATURE:** I acknowledge and agree to all the information contained in this form:

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date