



EMERGENCY INFORMATION AND AUTHORIZATION

This form is valid for one year from September 1, 2020 – August 31, 2021

Child's Name _____ Nickname _____

Birth Date _____ Pronoun (i.e. she, he, they) _____ Age at entry _____ Date entered _____

PARENT(S) OR GUARDIAN(S):

1: Name _____ Relationship _____

Address _____

Phone: Mobile _____ Home _____ Work _____

Occupation / Employer _____ Work hours: From _____ to _____

Work Address _____

2: Name _____ Relationship _____

Address _____

Phone: Mobile _____ Home _____ Work _____

Occupation / Employer _____ Work hours: From _____ to _____

Work Address _____

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 _____

2020 / 2021

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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 _____

Dietary preferences _____

Health Insurance Provider _____ Group No. _____

Yes No I give permission for Puddletown to apply sunscreen. The sunscreen will be provided by the school and be natural, aerosol free with an SPF of 30 or higher.

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.

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

Signature of Parent or Guardian

Date