

**Assumption Preschool**

**Emergency Contact Information and Consent Form**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Additional Number: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Additional Number: \_\_\_\_\_

**Emergency Contacts** (to be contacted in an emergency if guardian is unavailable):

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

Cell Number: \_\_\_\_\_ Additional Number: \_\_\_\_\_

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

Cell Number: \_\_\_\_\_ Additional Number: \_\_\_\_\_

**Approved Individuals** (approved to pick up your child without additional consent from guardian):

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

**Child's Preferred Sources of Medical Care:**

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Number: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_ Number: \_\_\_\_\_

Ambulance Service: \_\_\_\_\_ Number: \_\_\_\_\_

**(Parents are financially responsible for all emergency transportation charges)**

Child's Health Insurance: \_\_\_\_\_

Insurance Plan: \_\_\_\_\_ ID: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

**Special Conditions, disabilities, allergies, or medical emergency information:** \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Consent & Agreement for Emergencies:**

*As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for the charges not covered by insurance. I consent for the emergency contact person listed above to ACT ON MY BEHALF until I am available. I agree to review & update this information whenever a chance occurs & at least every 12 months.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_