Emergency Contact Form (Date) ***(Two copies of each page are needed)***

Child's Last Name: First Name:

Middle Initial: Gender: Date of Birth:

Start Date:

Child's Home Address:

Child's Home Phone Number:

Allergies: EPI Pen Needed?:

Daily Medications to be given at school:

Extra medication needed for emergency supplies:

Medical Care Plan Needed? (asthma, epilepsy, other allergies, etc.): If yes, please see director.

Please update any changes to this information immediately by contacting your child's teacher, the director, or providing updated Emergency Contact Information or a new Consent to Obtain Emergency Treatment Form.

Primary Payer #1

Last Name: First Name: Middle Initial:

Gender: Email Address:

Physical Address:

City: State: Zip:

Mailing Address if different:

Relationship to child: Social Security #:

Lives With?: Emergency Contact #1 & Pick-up?: Pick-up Only?:

Phone:

- Home:
- Cell:
- Work: Name of Work Place:

Primary Payer #2

Last Name: First Name: Middle Initial:

Gender: Email Address:

Physical Address:

City: State: Zip:

Mailing Address if different:

Relationship to child: Social Security #:

Lives With?: Emergency Contact #2 & Pick-up?: Pick-up Only?:

Phone:

- Home:
- Cell:
- Work: Name of Work Place:

Related People / Relationships

The following relationships will be emergency contacts/pick-ups. Please list in order as you would like us to call in the event the above payee's cannot be reached. Please include one out-of-state contact in the event phone lines go down in our state.

If your child is being picked-up by anyone other than a parent, a today slip must be filled out by parent. Staff will request to see I.D. of person picking up.

Person #1

Last Name:

First Name: Middle Initial: Gender:

Physical Address:

City: State: Zip:

Phone:

- Home:
- Cell:
- Work: Name of Work Place:

Relationship to child:

Lives with?: Emergency Pick-up?: Pick-up Only?:

Person #2

Last Name:

First Name: Middle Initial: Gender:

Physical Address:

City: State: Zip:

Phone:

- Home:
- Cell:
- Work: Name of Work Place:

Relationship to child:

Lives with?: Emergency Pick-up?: Pick-up Only?:

Person #3

Last Name:

First Name: Middle Initial: Gender:

Physical Address:

City: State: Zip:

Phone:

- Home:
- Cell:
- Work: Name of Work Place:

Relationship to child:

Lives with?: Emergency Pick-up?: Pick-up Only:?

Person #4

Last Name:

First Name: Middle Initial: Gender:

Physical Address:

City: State: Zip:

Phone:

- Home:
- Cell:
- Work: Name of Work Place:

Relationship to child:

Lives with?: Emergency Pick-up?: Pick-up Only?:

CONSENT TO OBTAIN EMERGENCY TREATMENT

(Two documents needed, each with original guardian signatures; no copied signatures.)

"*I hereby give my permission that my child (First, middle initial, last name) , whose birthdate is , and social security # is , be given emergency treatment by a qualified staff member at Mountainside School. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event I cannot be contacted, I further consent to medical, surgical, hospital care, treatment, and procedures to be performed for my child by a licensed physician to safeguard my child's health. I understand that I will be fully responsible for any resulting charges incurred, and all payment for such charges/related expenses.*"

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Authorized Guardian #1: (please print):

First Name: Middle Initial: Last Name:

ParentSignature: Date:

Authorized Guardian #2: (please print):

First Name: Middle Initial: Last Name:

Parent Signature: Date:

Physician Information

Last Name: First Name: Gender:

Physical Address: Office Phone #:

City: State: Zip:

Date of Last Physical (must be yearly when enrolled in childcare):

Preferred Hospital: City:

Medical Insurance Company Name: Group #:

Subscriber Name: Member ID#:

Dentist Information

Last Name: First Name: Gender:

Office Phone #: Name of Office/Practice:

Physical Address:

City: State: Zip:

Dental Insurance Company Name:

Dental Insurance Policy #:

Date of last dental appointment:

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