

# Emergency Card Information

(Must be filled-out annually)

Child's name \_\_\_\_\_ Birthdate \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother & Father's name \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address \_\_\_\_\_ (Print Clearly)

If neither parent/guardian can be reached in case of emergency, please list alternate contacts:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Medical Information:

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

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

Hospital of choice \_\_\_\_\_ Address \_\_\_\_\_

My Child is allergic to \_\_\_\_\_

and I have filled out an Emergency Medical procedure form, if necessary.

Any special medical, physical, dietary, or other needs of this child? If yes, describe:

\_\_\_\_\_

I, \_\_\_\_\_, hereby give permission to Child Priority School to ask a doctor for medical or surgical care for my child should an emergency arise. This includes calling 911 if necessary. It is understood that a conscientious effort will be made to immediately locate me or the other head of the household. We accept any medical expenses incurred.

\_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

*Signature of Parent or Guardian*

## Persons Authorized to pick-up your child other than parents:

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

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

Children will not be released to anyone other than parents, guardians, or those you have listed here, unless advance notice is given to the child's teacher. Please send a note or call the school.

## Website or Graduation Slide show

I give my permission for Child Priority to use my child's photo from classroom activities to show on the school website. These photographs may be individual or groups of children playing. No names will be posted with photos.

\_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

*Signature of Parent or Guardian*

## Special information about my child

Is there anything you might tell us about your child that will help us better serve him/her? This might include health issues, toileting, fears or any behavior you think is of importance.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

*Signature of Parent or Guardian*