



**EMERGENCY INFORMATION**

**Name of Child** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Mother or guardian** \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address/City/State/Zip \_\_\_\_\_

Business Name \_\_\_\_\_ Work Hours \_\_\_\_\_

Business Address/City/State/Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Father or guardian** \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address/City/State/Zip \_\_\_\_\_

Business Name \_\_\_\_\_ Work Hours \_\_\_\_\_

Business Address/City/State/Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Please list the name of a friend or relative who may be reached in case of an emergency. This individual may be asked to pick your child up from Friends School and Day Care in the event of an illness, injury or emergency. It is a State Requirement that a LOCAL emergency person is listed.**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP MY CHILD**

**Authorized individuals will be required to show picture identification when picking up a child from Friends School and Day Care. Under no circumstances will a child be released to anyone not known to the center without written authorization from parents or guardians.**

1) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

3) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

If a parent is denied permission to pick-up a child, please provide parent's name \_\_\_\_\_ and a copy of the court order.

**Signature of Parent or Legal Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_



**EMERGENCY MEDICAL AUTHORIZATION**

I agree, and by my signature give consent that in case of an accident, injury or illness of a serious nature, my child will be given emergency medical care. I understand that I will be contacted immediately, or as soon as possible, should I be away from the phone numbers given with this form.

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

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Do you have a preference regarding the hospital we would take your child to in case of a medical emergency?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate your hospital of preference \_\_\_\_\_

Name of child's private health insurance & policy number: \_\_\_\_\_

or  
Medicaid or Hoosier Healthwise number for your child and primary adult \_\_\_\_\_

**Signature of Parent or Legal Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

**REMINDER: Please update information contained on this form when changes occur.**