



M Child #1 Name: _____
F First Last Middle Initial

M Child #2 Name: _____
F First Last Middle Initial

EMERGENCY CONTACT & RELEASING OF YOUR CHILD(REN)

In an emergency, you, the parent/guardian, will be the first we contact. List additional names of people we should call ***if we can not*** reach you. In addition, please indicate if ***we may release*** your child(ren) to this person when needed.

| Name of Adult | Relationship to Child(ren) | Phone | Address | May we release your child(ren) to this person? |
|---------------|----------------------------|-------|---------|----------------------------------------------------------|
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

You ***MAY NOT*** release my child(ren) to:

Name Relationship to Child(ren) Phone Address

DOCTOR'S INFORMATION

Doctor's Name _____

Address _____ Phone _____

I give permission for my child(ren) _____ to receive emergency medical treatment which may include but is not limited to first aid by staff, care by paramedics, physician or local hospital. I understand that I am responsible for any costs incurred.

Parent/Guardian Signature _____

Date _____

ALLERGIES

List allergies your child(ren) has to any food, medication, insects, etc. _____

Any additional information you feel we need to know _____

I understand that Highland Park Community Nursery School and Day Care Center is attempting at all times to exercise reasonable caution and I do not hold them responsible for accidental injury occurring while my child is attending the center.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____