

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

M
F Child #2 Name: _____
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 other than parent	Relationship to Child(ren)	Phone	Local 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"/>

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.

Child #1 Name _____ Allergies _____

Any additional information you feel we need to know _____

Child #2 Name _____ Allergies _____

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