

Emergency Information

**Please fill out both sides of this form and do not leave any blank spaces!
If not applicable to you please put N/A in space.**

Child's Name:	Birth Date:
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Mom's Name:	Home Phone	Cell Phone	Work Phone
Dad's Name:	Home Phone	Cell Phone	Work Phone
Parent's Email Address:			

Allergies or Intolerance to Food, Medication, etc.,	
Action to Be Taken in Case of An Emergency:	
Chronic Physical or Developmental Difficulties/Illness:	
Child's Physician:	Phone Number:

Two People to Contact and authorized to pick up if Parent(s) Cannot Be Reached
Do Not Put N/A in either of these spaces; you MUST list two emergency contacts

1.	Name: Street Address : City, State, Zip Code:	Home Phone: Work Phone: Cell Phone:
2.	Name: Street Address: City, State, Zip Code:	Home Phone: Work Phone Cell Phone:

Persons Authorized to Pick Up Child (other than parents or emergency contacts)

This is not a required section; however it is very helpful to have anyone you may have pick up your child listed as we can not allow children to go home with anyone who you have not given written authorization.

Please put N/A in all empty spaces.

Name:	Home Phone: Cell Phone:
Name:	Home Phone: Cell Phone:
Name:	Home Phone: Cell Phone:
Name:	Home Phone: Cell Phone:
Name:	Home Phone: Cell Phone:

Persons NOT Authorized to Pick Up Child*

*Appropriate paperwork such as court orders etc. should be attached if a parent is not permitted to visit or pick up the child.

The Parent(s)/Guardian authorizes The Gathering Academic Preschool to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately.

1. I/WE will be responsible for payment of medical care expenses.

2. Medical treatment costs are covered by:

Name of Medical Insurance_____ Policy Number_____

Insured Parent's Name_____

No Insurance_____

Signature of Parent or Guardian_____ Date:_____

***This authorization is valid from the date of signing until the child is no longer enrolled in the school.**

****Parent(s)/Guardian(s): If there is an objection to seeking emergency medical care, please attach a statement stating the objection and the reason for the objection.**