

Center for Early Childhood Education

**EMERGENCY FORM**

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

Child's Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Primary Language \_\_\_\_\_

Parent's Name \_\_\_\_\_ Address \_\_\_\_\_

Parent's Place of Business \_\_\_\_\_ Email \_\_\_\_\_

Parent's Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent's Name \_\_\_\_\_ Address \_\_\_\_\_

Parent's Place of Business \_\_\_\_\_ Email \_\_\_\_\_

Parent's Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Copies of any custody agreements, court orders, and restraining orders pertaining to child? \_\_\_ If yes, please attach.

Alternate persons available in case of emergency to whom we may release your child:

1. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

2. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Either custodial parent may add or delete the name/s of a person with authority to pick up the child at any time. The request for such changes must be in writing accompanied by the full contact information for each authorized person. Emergency requests for changes may be made verbally but must be followed up in writing. In the event that a parent adds or deletes a name/s of a person with authority to pick up the child, the CECE will confirm the request and change by email or letter to both custodial parents or guardians of the child as soon as practicable. If a parent loses custodial rights to the child, the CECE will adjust its pick-up permission as respects that individual upon receipt of reasonable legal evidence of such a change. The CECE reserves the right to refuse to discharge any child to any person who is not a custodial parent for any reason and at their sole discretion at any time and custodial parents agree to the exercise of this right.

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Medically Documented Allergies** \_\_\_\_\_ **Allergy Action Plan** Yes/No **If yes, please attach**

**Chronic Health Conditions** \_\_\_\_\_ **Individual Health Plan** Yes/No **If yes, please attach**

Non-Allergy Special Diets \_\_\_\_\_ Other health related issues: \_\_\_\_\_

**In case of emergency, and I cannot be reached and delay would be dangerous, I hereby give my permission for my child to receive basic First Aid and/or CPR by a trained staff member and/or be transported by ambulance or car to a medical facility and for medical personnel to provide emergency treatment, including but not limited to, epinephrine auto-injection for expected exposure to a life threatening allergen.**

Parent's/ Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/ Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_