

## EMERGENCY MEDICAL CARE FORM & EMERGENCY CARE PERMISSION SLIP

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

Home Street Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

1. Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Home Street Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

Work Place \_\_\_\_\_ Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Home Street Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

Work Place \_\_\_\_\_ Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

***Alternate Pick Up Person(s)** - The below listed person(s) is authorized to come and pick up the child when parents cannot be reached or to have access to health information about the child. If only one parent is listed on the Enrollment Application, then at least two Alternate Pick-Up Persons must be listed.*

1. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

2. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

3. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Child's Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

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

Physician's Address \_\_\_\_\_

Instructions for special health needs such as allergies or chronic illness \_\_\_\_\_

I give my permission for the staff at Town & Country Early Learning Centers to do the following for my child \_\_\_\_\_ in a medical emergency:

*Child's Full Name*

- Administer First Aid
- Transport my child via EMS or Private Ambulance to a Hospital or another Emergency Facility
- Obtain needed medical treatment
- Post my child's full name, photo and medical information on a Health Alert Form, if necessary.

Any expenses incurred through the transporting and/or treatment of the child are the parent's responsibility.

**PHOTOS** - I agree to allow use of photos that include their child(ren) on the T&CELC Facebook page.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date