

## 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/guardians cannot be reached or to have access to health information about the child. If only one parent/guardian 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