

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 listed person(s) below 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 social media pages.

Parent/Guardian's Signature

Date