Claire's Christian Day School

Emergency Information

CHILD'S NAME _____

Emergency Information: Please list names of at least two friends who can be reached if parents are not available.

Name _____ Phone _____
Address* _____ Cell _____

Name _____ Phone _____
Address* _____ Cell _____

Doctor's Name _____ Phone _____
Address* _____

We MUST have an address on file for your child's doctor and each emergency contact per state licensing requirements!

The teachers have your permission to seek a doctor's services for you child in case of an emergency and parents or designated contact person cannot be reached.

Yes___ No___

Signature of both parents/guardians 1. _____
2. _____

Date of registration (mm/dd/yyyy) _____

Signature of Director _____

General release for <u>non-emergency medical</u> treatment:

The staff of Claire's Christian Day School have your permission to use general first aid supplies (such as peroxide, antibiotic cream, diaper rash cream, or ointment, etc.) to treat non-medical emergency situations, such as minor cuts, minor scrapes, diaper rash, etc.

Yes___ No___

Comments? _____
_____
_____

Parent's Signature _____ Date (mm/dd/yyyy) _____