



**CHILD'S NAME** \_\_\_\_\_

**EMERGENCY RELEASE FORM**

I, \_\_\_\_\_, being the parent/guardian of \_\_\_\_\_, hereby authorize the personnel of The Parent Infant Center to obtain medical treatment for my child when such care is needed on an emergency basis during the time the child is participating in the Center's activities.

Birthdate of child \_\_\_\_\_

Child's home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Health insurance provider and policy number \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Dr.'s phone \_\_\_\_\_

Dr.'s address \_\_\_\_\_

Any Known Allergies \_\_\_\_\_

If so, what kind of reaction \_\_\_\_\_

Does your child regularly take any kind of medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what kind and for what problem? \_\_\_\_\_

Are there any other medical concerns, past or present, that you would like us to know about to better serve your family? If so, please explain \_\_\_\_\_

**Parent/Guardian's name** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's address \_\_\_\_\_

E-mail address \_\_\_\_\_

**Parent/Guardian's name** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's address \_\_\_\_\_

E-mail address \_\_\_\_\_

**Emergency Contact:**

It is quite important that we have the name of someone we can reach, besides yourself, whom we may call in case of emergency. Be sure your contact knows that s/he may be called and is willing to pick up your child.

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**Pick-Up Authorization List (all persons listed must be at least 16 years old):**

It is assumed that any parent or guardian listed on this form and the person listed as an emergency contact are authorized to pick up your child at any time. If there are other people who are authorized to pick up your child from the Center, please list them below. If your child can go home at any time with the listed person and you do not want to write or call us every time your child does so, please mark "without notice". If your child can go home with the person only after you have notified us by phone or in writing, please mark "with notice".

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

\_\_\_\_\_ With notice \_\_\_\_\_ Without notice

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

\_\_\_\_\_ With notice \_\_\_\_\_ Without notice

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

It is your responsibility to update this information as it changes. This form is to be updated every six months. If all the information remains the same, please sign and date below.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**