

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’S SIGNUARE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE	ADMIN OF MINOR FIRST-AID PROCEDURES
WALKS AND TRIPS	SWIMMING
TRANSPORTATION BY THE FACILITY	WADING

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**