

Reformation Lutheran Nursery School 2016-17
Emergency Contact Information

Child's Full Name: _____ Birth Date: _____

<u>Parent/Legal Guardian #1</u> Name: _____ Address: _____ Home Phone (____) _____ Cell Phone (____) _____ e-mail: _____	<u>Parent/Legal Guardian #2</u> Name: _____ Address: _____ Home Phone (____) _____ Cell Phone (____) _____ e-mail: _____
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Alternate contacts if parents can't be reached (provide 2)

<u>Alternate Contact #1</u> Name: _____ Address: _____ Home Phone (____) _____ Cell Phone (____) _____ Relationship: _____	<u>Alternate Contact #2</u> Name: _____ Address: _____ Home Phone (____) _____ Cell Phone (____) _____ Relationship: _____
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List names of persons designated by parents to whom child may be released (if any):

1. _____	Relationship: _____
2. _____	Relationship: _____

<u>Physician Information</u> Name: _____ Address: _____ Phone (____) _____
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<u>Child's Health Insurance</u> Plan Name: _____ Subscriber's Name: _____ ID#: _____
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Special conditions, disabilities, allergies, or medical information for emergency situations:

<u>Parent/Legal Guardian Consent for Emergencies</u>	
<p>I give my consent to Reformation Schools Inc. staff to provide first aid to my child, and if necessary, to arrange transport for my child to a medical facility for treatment. I understand that I will be responsible for all charges not covered by my insurance. I give consent for the alternate contact person listed above to act on my behalf until I am available.</p>	
<p>I agree to update this form whenever a change in information occurs.</p>	
Parent/Guardian Signature _____	Date: _____