

Reformation Lutheran Nursery School 2017-18
Emergency Contact Information

Child's Full Name: _____		Birth Date: _____	
<u>Parent/Legal Guardian #1</u>		<u>Parent/Legal Guardian #2</u>	
Name: _____		Name: _____	
Address: _____		Address: _____	
Home Phone (____) _____		Home Phone (____) _____	
Cell Phone (____) _____		Cell Phone (____) _____	
e-mail: _____		e-mail: _____	

Alternate contacts if parents can't be reached (provide 2)

<u>Alternate Contact #1</u>		<u>Alternate Contact #2</u>	
Name: _____		Name: _____	
Address: _____		Address: _____	
Home Phone (____) _____		Home Phone (____) _____	
Cell Phone (____) _____		Cell Phone (____) _____	
Relationship: _____		Relationship: _____	

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 (____) _____	<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> <p>Parent/Guardian Signature _____ Date: _____</p>	