

Reformation Nursery School 2024-2025
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>	<u>Child's Health Insurance</u>
Name: _____	Plan Name: _____
Address: _____	Subscriber's Name: _____
Phone (____) _____	ID#: _____

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: _____