



HARTLEY NATURE PRESCHOOL

Child Emergency Information Form

Child's Name _____

Child's Date of Birth _____ Gender _____

Child's Address and Phone Number _____

Allergies: _____

Current Medications: _____

ICCP (special needs care plan) on file: Yes No **Reason:** _____

Parent(s)/Guardian(s):

Name _____ Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____

Work Place/Occupation _____ Work Place/Occupation _____

Work Phone _____ Work Phone _____

Names of at least two (2) emergency contacts who are also authorized to pick up your child:

Name(s): _____

Cell Phone _____ Alternate Phone # _____

Home Address _____

Name(s): _____

Cell Phone _____ Alternate Phone # _____

Home Address _____

Name of any person specifically NOT authorized to pick up your child:

Name: _____ Relationship: _____



Health Care Information

Child's Doctor _____ Phone # _____

Doctor's Address _____

Health Insurance _____

Group Number _____ Policy Number _____

Child's Dentist _____ Phone # _____

Dentist's Address _____

Dental Insurance _____

Group Number _____ Policy Number _____

Medication Release

I give permission for HNP staff to administer the following medications to my child:

- Antiseptic ointment for minor scratches or irritations
- Sooth a Sting Swab for bee/wasp stings
- Calamine lotion for minor skin irritation
- Baby wipes in the case of a toileting accident (for example, diarrhea)
- Hand sanitizer (i.e. used after blowing nose or before eating outdoor snack)

I understand that HNP will not administer any other medication without a prescription and written instructions from a physician and/or parent/guardian.

Parent/Guardian Initials: _____

Authorization to Act in the Event of Minor Injury

In the event of a minor injury, such as a scrape or small cut, I authorize the staff of Hartley Nature Preschool to administer first aid to my child.

Parent/Guardian Initials: _____

Authorization to Act in an Emergency

In the event of a medical emergency, I authorize emergency medical personnel to care for my child and/or transport my child to the hospital. I authorize the administration of emergency medical treatment to my child by a duly qualified health practitioner in my absence.

Preferred hospital: _____

Parent/Guardian Signature: _____ Date _____