



# Hartley Nature Preschool

## Child Emergency Information Form 2021-22



Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_

Child's Address and Phone Number \_\_\_\_\_

**Allergies/Medical Condition(s):**  Yes  No If yes, please describe: \_\_\_\_\_

**Current Medications:**  Yes  No If yes, please list medication(s): \_\_\_\_\_

**IEP or special education plan**  Yes  No If yes, please describe: \_\_\_\_\_

### Parent(s)/Guardian(s) Information:

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) local 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(s) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor AND dentist information is REQUIRED for all children. Use your dentist if your child does not have their own.

### 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:

- Hand sanitizer, gel or liquid form, at least 60% alcohol
- Sunscreen (Babyganics SPF 50+)
- Natural, DEET-free bug spray
- Sooth a Sting Swab in case of bee/wasp stings
- Baby wipes in the case of a toileting accident

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: \_\_\_\_\_

### Permission to Transport in an Emergency

I give permission for my child to be transported in the case of an emergency, such as an evacuation.

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.

Parent/Guardian Initials: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_