



Hartley Nature Preschool

Emergency Information Form 2024-25



Child's Name _____ Preferred Name(s) _____

Date of Birth _____ Pronouns _____

Child's Address and Phone Number _____

Mild or Severe Allergy: Yes No Description: _____

Medical Condition(s): Yes No Description: _____

IEP, 504 or other special education plan(s): Yes No Description: _____

Parent(s)/Guardian(s) Information:

Name _____ Name _____

Address _____ Address _____

Pronouns _____ Pronouns _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____

Work Place/Occupation _____ Work Place/Occupation _____

Work Phone _____ Work Phone _____

State child care licensing requires names, phone numbers, and addresses for at least two (2) emergency contacts who are also authorized to pick up your child:

Name(s) _____

Phone Number(s) _____

Home Address (required) _____

Name(s) _____

Phone Number(s) _____

Home Address (required) _____

Name(s) _____

Phone Number(s) _____

Home Address (required) _____

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/doctor if your child does not have their own.

Health Care Contact Information

Child's Doctor _____ Phone # _____
Doctor's Address _____
Child's Dentist _____ Phone # _____
Dentist's Address _____

Medication Release

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

- DEET-free bug spray
- Sooth a Sting swab in case of bee/wasp stings
- Baby wipes in the case of a toileting accident

I give permission for HNP to administer the following to my child AND I understand that if I do **not** give permission, that I must provide an equivalent product and medication administration form prior to the first day of school.

- Hand sanitizer, gel or liquid form, at least 60% alcohol
- SPF 50 Sunscreen

I understand that HNP will not administer any other medication without authorization.

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 medical practitioner in my absence.

Parent/Guardian Initials: _____

Preferred hospital: _____

Parent/Guardian Signature: _____ Date _____