

# Wee Disciples Christian Academy Emergency Form

## EMERGENCY TREATMENT

**My child attends:**  
(Please circle class and time.)

**M - F (9:00 9:15) M/W/F (9:00-B 9:00-S 9:15)**  
**T/TH – 3 Yr. Old (9:00 9:15-K 9:15-S) K 1<sup>st</sup> 2<sup>nd</sup>**  
**M/W/F – 3 Yr. Old class T/TH – Wee Tots**

**A. Family Information**

**Male**  **Female**

1. **Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Child's Doctor:** \_\_\_\_\_ **Doctor's Phone:** \_\_\_\_\_  
**Doctor's Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_  
**Preferred Hospital/Clinic for Emergency Care:** \_\_\_\_\_

2. **Mother/Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Employer Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

3. **Father/Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Employer Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

B. **Emergency Contacts:** Names, **complete** address, and telephone numbers of individuals to contact in case parents cannot be reached in an emergency:

Name	<u>COMPLETE</u> Address, City, State and Zip	Telephone Number
1.		
2.		
3.		

C. **Pick Up:** List of people with permission to pick child up from care (anyone **not** listed **cannot** pick up child without written permission from parents):

Name	<u>COMPLETE</u> Address, City, State and Zip	Telephone Number

**Special Instructions (if applicable):** Biological/Custodial parents must be given access to their children unless there is a court order preventing contact. Individuals with court orders against them preventing child pick up:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Other restrictions on child pick up: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**D. List any allergies, illnesses, regular medications, special needs including dietary needs and concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Permission to Receive Medical Care:**

I, \_\_\_\_\_ give my permission for Wee Disciples Christian Academy  
(Name of Parent/Guardian)  
to provide consent for \_\_\_\_\_ to receive emergency medical, dental or surgical  
(Name of Child)

treatment if I cannot be reached. I place the following restrictions on medical treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. Permission to Transport:**

- I do not give the child care provider permission to transport my child for non-emergency reasons.
- I give the child care provider permission to transport my child for non-emergency reasons, such as to and from school or school activities, shopping, field trips. etc.
- In the event of an emergency, I prefer that the child care provider call an ambulance to transport my child.
- In the event of an emergency, I give permission for the child care provider to transport my child.

I place the following restrictions on transportation:

\_\_\_\_\_  
\_\_\_\_\_

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

(Two (2) completed copies must be turned in with original signatures on both.)