

Wee Disciples Christian Academy Emergency Form

EMERGENCY TREATMENT

My child attends: M - F (9:00) M-F (B) M/W/F (9:00 9:15 9:30)
 (Please circle class and time.) T/TH - 3 Yr Old (9:00 9:15 9:30) K 1st 2nd
M/W/F - Wee Care 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	COMPLETE 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	COMPLETE 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.)