

A CHILD'S PLACE, SCCS., INC.
EMERGENCY INFORMATION
(PLEASE COMPLETE BOTH SIDES IN FULL)

CHILD	LAST NAME		FIRST		MIDDLE
	**ADDRESS				
	**CITY		**STATE	**ZIP	BIRTHDATE
GUARDIAN 1	LAST NAME		FIRST		
	HOME ADDRESS				
	HOME CITY/STATE/ZIP				
	HOME TELEPHONE				
	CELL TELEPHONE		EMAIL:		
GUARDIAN 2	LAST NAME		FIRST		
	HOME ADDRESS				
	HOME CITY/STATE/ZIP				
	HOME TELEPHONE				
	CELL TELEPHONE		EMAIL:		

EMERGENCY CONTACTS

THESE ARE PERSONS (OTHER THAN PARENTS) WHO MAY BE CALLED IN AN EMERGENCY AND ARE AUTHORIZED TO TAKE THE CHILD FROM THE FACILITY (CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR GUARDIAN). **LOCAL NAMES AND TELEPHONE NUMBERS MUST BE GIVEN!!**

NAME	TELEPHONE	RELATIONSHIP	SPECIAL INSTRUCTIONS

PHYSICIAN: _____ TELEPHONE: _____
DENTIST: _____ TELEPHONE: _____
NAME OF MEDICAL INSURANCE CARRIER: _____
INSURANCE NUMBER: _____
KNOWN SENSITIVITY TO DRUGS (list drugs and describe child's reaction): _____

ALLERGIES

Food(s)

Asthma (describe): _____
Insect Bites or Stings: _____
Other (describe): _____

History of any other health concerns (e.g. seizures, chronic ear infections, diabetes): _____

Medications (if taken regularly): _____

Other significant information: _____

PLEASE FILL OUT BOTH SIDES

PERMISSION AGREEMENT

Throughout the years it has been necessary to use a number of permission forms. To simplify this procedure the form has been combined on one page. Please read the following carefully. **THE SIGNATURES OF BOTH PARENTS/GUARDIANS MUST APPEAR ON THE FORM TO BE VALID.**

A. I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at A Child's Place, SCCS unless exceptions are noted here.

B. Media/Photography Consent and Release Form.

- I understand that my child(ren) may be videoed/photographed at A Child's Place during normal preschool hours, activities or events.
- I understand that these photographs may be used throughout the school, on ACP's Facebook page, in local newspapers, and/or the preschool's website.
- I understand A Child's Place will protect my child(ren)'s identity and will not publish my child(ren)'s name if a video/photograph of my child(ren)'s is used as described above.
- I understand that such photographs shall become the property of A Child's Place, which has the right to duplicate, reproduce, and/or make other uses as A Child's Place deems necessary.

☐ **Yes**, I confirm that I have read and understand the above and thereby give consent for use of my child(ren)'s photograph/video as described above.

☐ **No**, I do not wish to give consent for the use of my child(ren)'s photograph/video as described above.

D. In the event of an accidental injury or illness, I understand that every effort will be made to reach me concerning my child, I hereby grant permission to A Child's Place, SCCS to take whatever emergency measures as judged necessary the care and protection of my child while under their supervision.

The procedures may include, but are not limited to the following:

1. Administer first aid
2. Call 911
3. Attempt to contact the child's parent or guardian.
4. Attempt to call the child's pediatrician.
5. Attempt to call the emergency back-up person listed
6. If we cannot contact the parent or the child's physician, we will do any or all of the following:
 - a. Continue administering First Aid
 - b. Call 911 and wait for emergency crew to arrive while continuing care
 - c. Have the child taken to an emergency hospital in the company of a staff member, in a staff vehicle if necessary.
 - d. Remain with the child until parent or guardian has arrived to take control of the situation

E. I also authorize the Director or designated staff member of A Child's Place, SCCS to sign necessary paper permitting trained personnel to perform emergency treatment for my child at the center, at a physician's office at a hospital.

F. Any expenses incurred under #6 above will be the responsibility of the child's family.

G. Saugatuck Child Care will not be responsible for anything that may happen as a result of false information at the time of enrollment.

H. The content of your child's folder is confidential. I grant permission to make this file immediately available to administrators or teaching staff, the child's parent or legal guardian and regulatory authorities upon request.

Date

Parent/Guardian's Signature

Date

Parent/Guardian's Signature