

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated.
- (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt.# City State Zip Code

2. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt.# City State Zip Code

3. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt.# City State Zip Code

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
Street/Apt.# City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____

Child's Name _____ Birth Date _____
Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____
Street/Apt.# City State Zip Code

Mother's Name _____ Home Telephone _____
Last First

Mother's Employer/School _____
Name Address

Mother's Home Address (If different from above) _____
Street/Apt.# City State Zip Code

Work Telephone _____ Cellular Phone _____ Beeper _____

Father's Name _____ Home Telephone _____
Last First

Father's Employer/School _____
Name Address

Father's Home Address (If different from above) _____
Street/Apt.# City State Zip Code

Work Telephone _____ Cellular Phone _____ Beeper _____

Name of Person Authorized to Pick Up Child (daily) _____
Last First Relationship to Child

Address _____
Street/Apt.# City State Zip Code

ANNUAL UPDATES _____
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner _____

Signature of Health Practitioner _____

Telephone Number _____

Date _____



Special Medical and/or Custodial Conditions

Child's Name: _____ Date of Birth: _____

MEDICAL

1)	NO	YES	If Yes, please provide further information:
◆ Seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
◆ Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
◆ Allergies to:			
Dairy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nuts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bee Stings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Egg	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other ⇨ please specify -			_____

◆ Special Dietary Need(s)/Food Restrictions:

Vegetarian ⇨ please specify - _____

Other ⇨ please specify - _____

2) Please list and describe any other medical conditions your child may have: _____

3) Please list any medications your child is currently taking: _____

SPECIAL INSTRUCTIONS

1) Signs/Symptoms to look for: _____

2) If signs/symptoms appear, take the following actions: _____

3) List preventive measures: _____

PICK-UP PROCEDURES

The pick-up procedures have been developed to keep your child(ren) safe while attending CIMS. In order for any person other than yourself, the legal parent/guardian, to pick-up your child(ren), the following procedures must be followed:

1. A signed, written authorization indicating the name of the individual picking up and the estimated time of their arrival to CIMS.
2. Personally inform the Administration.
3. Inform the individual to bring a picture ID.
4. Please do NOT give the door code to the individual picking up your child, instead ask them to ring the buzzer/bell at the main door.

CUSTODIAL (LEGAL DOCUMENTATION MUST BE SUBMITTED)

We understand that in special circumstances only certain individuals are authorized to pick-up your child. Please be aware that in order for CIMS to enforce any special custodial arrangements, we MUST have legal documentation on file to that effect.

Special Legal Arrangements - Please specify and submit legal documentation.
