

Claire's Christian Day School

Emergency Information

CHILD'S NAME _____

Emergency Information: Please list the name of a trusted person who can be reached if parents are not available.

Name _____ Phone _____

Address* _____

Doctor's Name _____ Phone _____

Address* _____

We MUST have an address on file for your child's doctor and emergency contact per state licensing requirements!

The teachers have your permission to seek a doctor's services for you child in case of an emergency and parents or designated contact person cannot be reached.

Yes____ No____

Signature of parent / guardian _____ Date_____

General release for non-emergency medical treatment:

The staff of Claire's Christian Day School have your permission to use general first aid supplies (such as peroxide, antibiotic cream, diaper rash cream, or ointment, etc.) to treat non-medical emergency situations, such as minor cuts, minor scrapes, diaper rash, etc.

Yes _____ No _____

Comments? _____

Parent's Signature _____ Date_____

SCHOOL USE ONLY

Signature of Director _____ Date_____