

**EMERGENCY INFORMATION AND RELEASE (2021)**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_  
\_\_\_\_\_, PA \_\_\_\_\_

Parents' Names \_\_\_\_\_

Child Lives with \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both

***PLEASE LIST FOUR (4) CONTACTS, INCLUDING CUSTODIAL PARENTS,  
IN THE ORDER IN WHICH YOU WOULD LIKE THEM CONTACTED IN THE  
EVENT OF AN ILLNESS, MINOR ACCIDENT, OR INJURY AT PRESCHOOL.  
INCLUDE TWO (2) CONTACT NUMBERS FOR EACH PERSON IF POSSIBLE  
(EX. HOME/WORK AND CELL)***

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Work Cell (circle one) \_\_\_\_\_ Home Work Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Work Cell (circle one) \_\_\_\_\_ Home Work Cell \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Work Cell (circle one) \_\_\_\_\_ Home Work Cell \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Work Cell (circle one) \_\_\_\_\_ Home Work Cell \_\_\_\_\_

**ALLERGIES OR OTHER MEDICAL CONDITIONS:**

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

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy/ID# \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

**FIRST AID AND EMERGENCY PROCEDURE**

Preschool employees can only treat students for minor injuries; the School does not employ a health care provider. Minor injuries are those which usually do not require the attention of a physician or nurse and can, with the use of approved first aid procedures, be cared for by the Director or a staff member. They include such minor problems as brush burns, small cuts, hiccups and bee/wasp/hornet/yellow jacket stings without anaphylaxis. More serious injuries must be treated by a qualified health care provider.

**Each student must submit an Emergency Information and Release Form by the first day of preschool. This form is provided at the time of the child's acceptance for admission.** The form covers information about whom to contact in the event of an emergency, the child's doctor and dentist, insurance and related information. If an accident should occur, every reasonable effort will be made to notify a parent by telephone. If the preschool is unable to reach a parent or if circumstances otherwise dictate, when an accident occurs at the school, the child will be taken to the closest appropriate medical facility, if that is necessary. If the child is away from the school on a field trip or other preschool activity, the same procedure will be followed. In each case, a staff person will continue to try to reach a parent.

Because the preschool can only treat minor injuries, parents are asked to sign the following release of the preschool for all claims arising out of the emergency treatment or transportation of their child, except in the case of gross negligence.

**RELEASE**

I understand that, in the event of an emergency involving my child, it may be necessary for a staff person or other representative of the preschool to administer first aid to my child and/or transport my child to a hospital, physician's office or other health care facility.

\_\_\_\_\_ (Parent/Guardian Names) give my/our permission for  
\_\_\_\_\_ (child's name) to be treated by an available physician or dentist in case of emergency. I hereby consent to the treatment and/or transportation of my children under such circumstances, and release the preschool, its employees, directors, and agents from any claim arising out of or related to such treatment or transportation, except in the case of gross negligence.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent/Guardian

Please list the names and phone numbers of all persons who are permitted to pick your children up after school. Also, if your child is in a carpool, list all drivers and children involved. Thanks!

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