

**Brown Fox Point ECEC 2023 EMERGENCY FORM**

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

I, \_\_\_\_\_, authorize Brown/Fox Point ECEC staff to arrange for emergency medical care for my child should any emergency arise at school or on a field trip. The Center has my permission to take my child to Hasbro's Children Hospital and to seek assistance from Brown University's emergency medical technicians in the event of an emergency. I understand that the Center will attempt to contact me or any of the emergency contacts below before medical action is taken.

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

Parent/Guardian's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home #: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home #: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Allergies and/or medications: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_ Pediatrician's name and phone number: \_\_\_\_\_

**Provide at least three emergency contacts who can take responsibility for your child if we cannot reach you. WE WILL NOT RELEASE YOUR CHILD TO ANYONE ELSE UNLESS NOTIFIED IN ADVANCE BY YOU AND WILL REQUIRE PHOTO ID THE FIRST TIME WE RELEASE YOUR CHILD.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_