

Brown/Fox Point ECEC 2014-15 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: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Photo Release: Occasionally, organizations may ask to photograph or videotape children for publication in media outlets for reporting on various child-related issues. Please check one:

I/we do _____ do not _____ give permission for my/our child's picture to be taken for these purposes.