



Before/After Care Emergency Medical Emergency Release Information

Child's Information:

Child's Full Name _____ Home Address: _____

Child's Physician _____

Physician's Address _____ Phone _____

Authorized Adults:

In the event of an emergency, please list the names and numbers of both parents/guardians and two other authorized people. These numbers must be daytime numbers during WFPCP operating hours.

Father's Name _____ Work Phone _____

Cell Phone _____ Home Phone _____

Mother's Name _____ Work Phone _____

Cell Phone _____ Home Phone _____

Alternate Name _____ Work Phone _____

Cell Phone _____ Home Phone _____

Alternate Name _____ Work Phone _____

Cell Phone _____ Home Phone _____

January 2023

First Aid, Emergency Care & Health Records Transfer

In the event of an emergency in which I/we cannot be reached or the above listed physician cannot be reached, I/we hereby authorize the staff of West Forsyth Christian Preschool to provide any emergency treatment deemed necessary for the life and health of my/our child. I/we understand that first aid may be needed and authorize the staff of West Forsyth Christian Preschool to provide necessary first aid.

In the event of an emergency, I/we hereby authorize the transfer of my/our child's health records to the local hospital.

Child's Date of Birth _____ Known Allergies _____

Special Medical Instructions _____

Hospital Preference In Case Of Emergency _____

Health Insurance Company _____ Policy# _____

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

January 2023