

**Student Emergency Information**

Student's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

**Parent/Legal Guardian 1**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_ @ \_\_\_\_\_

**Parent/Legal Guardian 2**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_ @ \_\_\_\_\_

**Emergency Contacts:** Persons who may be contacted in an emergency and are authorized to take the child from the facility.

Name	Relationship to Child	Daytime Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Physician:** To be contacted in the event of an emergency.

Name \_\_\_\_\_ Phone # \_\_\_\_\_

I hereby give permission to Child's World School to administer the items initialed below to my child if necessary according to the printed label instructions. This is in the absence of written consent or if I am unavailable to give verbal permission. I will be notified as to why, when, and dosage my child was given. I understand that it is my responsibility to provide the school with the following items, labeled with my child's name.

Please initial next to each item you authorize Child's World School to administer. If not, please cross the item off. Sunscreen will be used, as needed, during the summer months without notification.

- \_\_\_ Children's Tylenol
- \_\_\_ Benadryl
- \_\_\_ Diaper Rash Ointment
- \_\_\_ Sunscreen

\_\_\_\_\_  
Parent Signature                      **Yes, I give permission.**                      \_\_\_\_\_, **No I do not give permission.**  
Parent Signature

As the parent, agency, or legal guardian, I hereby give Child's World School consent to provide all emergency medical and dental care prescribed by a duly licensed Physician (MD), Osteopath (DO), or Dentist (DDS) for my child. This care may be given under whatever conditions are necessary to preserve the life, or well-being of my dependent until I am able to arrive.

**Parent Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_