

RECTORY SCHOOL

Children At Rectory

INFANT • TODDLER • PRESCHOOL

Emergency Contact Information

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name(s) (first & last): _____

Full Mailing Address _____

Email Address(es): _____

Home/Cell Phone: _____

Where can parents be reached during the day? _____

Name Phone Number Phone Number

Name Phone Number Phone Number

List at least two persons who are authorized to assume temporary care of your child in case of minor illness, unexpected center closings, or parents' delay in pickup.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Signature of Parent or Guardian: _____

In case of accident or serious illness, I understand that a CARE teacher will contact me immediately. If I am unable to be reached, I give permission for CARE to contact my child's physician and/or have my child transported by ambulance to Day Kimball Hospital. In the case of my child being transported to the hospital, I understand that a CARE teacher will stay with my child until a parent or guardian arrives and that I assume all costs associated with the emergency transport and medical treatment.

Signature of Parent/Guardian Date

Please give any information that would influence a medical treatment _____

Allergies: _____

Other Conditions: _____

Medications: _____

Insurance Company: _____ Policy Number: _____

Physician's Name: _____ Phone(s): _____

Dentist's Name: _____ Phone(s): _____