

# 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 parent/guardian be reached during the day? \_\_\_\_\_

\_\_\_\_\_  
Name Phone Number Alternate Phone Number

\_\_\_\_\_  
Name Phone Number Alternate 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. 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 #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_