

## **Edu-Care Enrollment and Medical Emergency Form**

### **Child's Legal Name:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Name you wish your child to be called - ex: "Lizzie" (instead of Elizabeth):** \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth (M/D/Y) \_\_\_\_\_

### **Parents/Guardians:**

Contact #1 \_\_\_\_\_ Contact #2 \_\_\_\_\_

Name Child Calls You \_\_\_\_\_ Name Child Calls You \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
(if different)

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work # \_\_\_\_\_ Work # \_\_\_\_\_

Extension \_\_\_\_\_ Extension \_\_\_\_\_

Employer/School \_\_\_\_\_ Employer/School \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

**Child lives with (please check)** Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

### **Siblings:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

**Special Instructions (i.e. allergies):** \_\_\_\_\_

### **For Emergency: If the parent/guardian is not available, please contact and release my child to:**

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_ Phone \_\_\_\_\_

### **Medical Emergency Information:**

Physician of Choice \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_ Hospital Phone \_\_\_\_\_

**I hereby give my permission to the Edu-Care Center to obtain the services of the indicated physician or hospital in case the named child suffers illness or accident and the parent/guardian cannot be reached. We will do our best to honor that request. However, if it is a major emergency, we will seek care at the closest hospital.**

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_