



**Temple Sholom**

Selma Maisel Nursery School

*...a place where learning & discovery begin*

# EMERGENCY INFORMATION 2018-2019

Please print clearly

Child's Name (first & last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent 1 Name (first & last): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Best Phone Number to reach Parent 1 in case of Emergency:** \_\_\_\_\_

Parent 2 Name (first & last): \_\_\_\_\_ Address:  Same as above, **OR:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Best Phone Number to reach Parent 2 in case of Emergency:** \_\_\_\_\_

### Persons to be called in case of emergency or for late pickup who are authorized to transport my child:

1. Name: \_\_\_\_\_ Best Phone # to reach them: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Best Phone # to reach them: \_\_\_\_\_

Relationship: \_\_\_\_\_

Child's Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Medications: \_\_\_\_\_

Other significant medical information: \_\_\_\_\_

I give permission to the Temple Sholom Selma Maisel Nursery School to take whatever emergency measures (i.e.: first aid, disaster evacuation) as judged necessary for the care and protection of my child while under the supervision of the School. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deem it necessary and I will accept responsibility for all fees incurred in the care and transportation of my child.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

Date: \_\_\_\_\_ Signature (parent or guardian): \_\_\_\_\_