

# Identification and Emergency Information

Name of Child \_\_\_\_\_  
Last First Middle Nickname

Please describe special medical, physical, or emotional needs that the staff should be aware of, such as allergies, medications taken regularly, serious illness, or accidents?

Date of Birth \_\_\_\_\_ Home Telephone \_\_\_\_\_

Address \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_

Work Hours \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_

Work Hours \_\_\_\_\_ Work Phone \_\_\_\_\_

## Persons authorized to pick up child, other than parents:

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

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

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

(Under no circumstances will a child be released to anyone not known to the school without authorization from parents or guardian. It is legal for either parent to pick up a child unless we have a copy of a court order restricting visitation.)

## Persons to be Notified in Case of Emergency (If Parents Cannot Be Reached)

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Denbigh United Presbyterian Preschool**  
**302 Denbigh Blvd.**  
**Newport News, VA 23602**  
**(757)898-1043 Fax (757)898-1076**

**Permission to Participate in School Activities and to Receive Emergency Medical Care**

I hereby grant permission for my child to use all play equipment and participate in all activities on school property.

I hereby grant permission for the Director or Acting Director to take whatever steps necessary to obtain emergency medical care. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian, the child's physician, or the persons listed on the emergency information form.
2. If we cannot contact you or your child's physician, we will do one or both of the following:
  - a. Call another physician or paramedics
  - b. Have the child taken to an emergency hospital in the company of a staff member
3. Any expenses incurred under #2 above will be borne by the child's family.
4. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

**Signed** \_\_\_\_\_  
(Parent or Legal Guardian)

**Date** \_\_\_\_\_ **Child's Name** \_\_\_\_\_

**Child's Physician** \_\_\_\_\_ **Physician's Phone** \_\_\_\_\_

**Child's Weight** \_\_\_\_\_ **Emergency Hospital Preference** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_

**Policy Number** \_\_\_\_\_ **Group Number** \_\_\_\_\_