

**IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES
To Be Completed by Parent, Domestic Partner or Authorized Representative**

Summer School

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
MOTHER'S/GUARDIAN'S/DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE	DATE
--	------

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
-------------------	-----------

**CROSS & CROWN LUTHERAN SCHOOL
PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE AND PERMISSION TO PARTICIPATE**

Child's Name: _____

Parents/guardian: (Print) _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

I hereby grant permission for the staff members to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

- Attempt to contact a parent or guardian or persons listed on the Emergency Information Form.
- Attempt to contact the child's physician as listed on the Emergency Information Form.
- Call another physician.
- Take the child to a physician's office, urgent care center or hospital.
- Call an ambulance to have the child taken to an emergency medical facility accompanied by a staff member.

I hereby give consent to Cross & Crown Lutheran School to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for the child named above. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I agree to accept financial responsibility for any expenses incurred in such treatment.

- Does this child have a permanent medical condition? Yes _____ No _____
Condition _____
- Is this child currently taking a long term prescribed medication? Yes _____ No _____
Medication _____ Dosage _____
- This child has the following life threatening allergies: _____
- The school office will be supplied with any necessary medication.

The School will not be responsible for anything that may happen as a result of incorrect information given by the parent on this form.

I hereby grant permission for the above named child to:

Use all of the play equipment and participate in all of the activities of the School. Yes _____ No _____

Leave the School premises under the supervision of a staff member for neighborhood walks. Yes _____ No _____

Have his/her picture used in connection with the school program. Yes _____ No _____

The School will not assume responsibility for a child who has not been registered for the current summer school session.

Signed by mother or legal guardian

Date

Signed by father or legal guardian

Date