

Emergency Form | 2010



Please check to see that you have filled in all the blanks as required by our State Licensing or this form will be returned to you, delaying your child's registration. This form must be filled out each school year. In order to input information correctly, please print.

Date: _____

Child's Name: _____ Birth Date: _____ Age: ____ Sex: ____

Parent/Guardian A (Child's Residence): _____ Parent/Guardian B: _____

Name: _____ Name: _____

Home Address: _____ Home Address: _____

Town: _____ Zip: _____ Town: _____ Zip: _____

Employer: _____ Employer: _____

E-Mail: _____ E-Mail: _____

Home Phone: _____ Work Phone: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Preferred parent for staff to contact in case of illness or problem: Parent A ____ or Parent B ____ At: Home ____ Work ____ Cell ____

Pick up Authorization: State Licensing requires two (2) local emergency contact numbers other than child's parents or guardians. Please make sure they know they need to show us a driver's license.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Persons NOT allowed to pick up my child: (A copy of the court order is required to prevent pick up by a parent.)

Name and relation: _____

Emergency Information:

Doctor: _____ City: _____ Phone: _____

Dentist: _____ City: _____ Phone: _____

South Windsor Child Development Center has my permission to authorize medical treatment determined necessary by emergency physicians for my child in my absence. This authorization is given in order to avoid unnecessary delay in emergency treatment.

If time permits, I authorize my child to be transported to (check one): CCMC _____ or _____

Primary Insurance Card Holder: _____

Insurance Co./Group No.: _____ Existing Medical Conditions/Allergies: _____

Please list all prescription/important medications your child is taking, in the event emergency treatment is needed: *

* It is your responsibility to notify SWCDC of any prescription/important medication changes.

Does your child have a prescribed inhaler? Yes ____ No ____

Does your child have a prescribed Epi-Pen? Yes ____ No ____

All medication must be provided one week prior to your child's first day at the Center and must be in their original packaging.

Signature: _____

Date: _____