



...gentle learning
through play



Emergency Medical Care and Pick-Up Permission Form

Date of Enrollment ___/___/___

Child's Name: _____ **Date of Birth** ___/___/___

Child's Address: _____ City: _____ Zip code: _____

Parent/Guardian's Name: _____ Address: _____

City: _____ Zip code: _____ email address: _____

Cell #: _____ Home #: _____

Work #: _____ Employer: _____

Employer's address: _____ City: _____ Zip code: _____

Parent/Guardian's Name: _____ Address: _____

City: _____ Zip code: _____ email address: _____

Cell #: _____ Home #: _____

Work #: _____ Employer: _____

Employer's address: _____ City: _____ Zip code: _____

Child attends: ___ 3 yr old class: T/Th, 9:30-12:00 ___ 4 yr old class: M/W/F, 9:30-12:00
___ 4 yr old class: M/W/F, 8:45-11:30 ___ 4 yr old class: M-F, 9:30-12:00 ___ 4 yr old class: M-F, 8:45-12:00

Persons permitted to pick up my child from EGCCNS Preschool on my behalf:

Name: _____ Phone # _____ Relationship _____

Name: _____ Phone # _____ Relationship _____

Name: _____ Phone # _____ Relationship _____

In emergency, adults to be contacted if parent/guardian cannot be reached and to whom our child can be released:

Name: _____ Phone # _____ Relationship _____

Name: _____ Phone # _____ Relationship _____

Name: _____ Phone # _____ Relationship _____

Known Allergies: _____ **Last Tetanus:** ___/___/___

Insurance Carrier: _____ **Insurance ID:** _____

Medical Facility: _____ **Phone #** _____

Child's Physician: _____ **Phone #** _____

Address: _____ **City:** _____ **Zip code:** _____

Child's Dentist: _____ **Phone #** _____

Address: _____ **City:** _____ **Zip code:** _____

*I give my consent to EGCCNS Preschool to contact the above physician or dentist if my child has a medical emergency. I understand that if my child's physician or dentist is not available, the EGCCNS medical and/or dental consultant or **911** will be contacted on an emergency basis. I understand that I am responsible for all medical charges.*

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Per State of CT licensing requirements, this information must be kept current at all times; please notify us promptly of any changes.