



Sunrise Children's School

CHILD'S IDENTIFYING AND EMERGENCY INFORMATION (TO BE COMPLETED BY THE CHILD'S PARENT OR GUARDIAN)

Child's Name _____ Gender _____ Birthdate _____

Address _____ Home Phone _____

Parent/Guardian's Name _____ Parent/Guardian's Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Workplace _____ Workplace _____

Work Phone _____ Work phone _____

Cell Phone _____ Cell Phone _____

Person(s) responsible for delivery & pick-up _____

Other person(s) allowed to pick-up child from school _____

In case of emergency when a parent cannot be reached, please notify:

1. Name _____ Phone _____

Address _____ Relationship _____

2. Name _____ Phone _____

Address _____ Relationship _____

3. Name _____ Phone _____

Address _____ Relationship _____

Please give specific instructions if your child needs special assistance, equipment, or materials to participate in activities.

List any allergies your child may have.

Other important information about your child

Illnesses

Check the following illnesses that your child has had.

- Mumps Chicken Pox German Measles
 Red Measles Rheumatic Fever

Check recurring problems that your child may have.

- Bronchitis Asthma Ear Infections
 Croup Strep Throat Eczema

Other
Illnesses _____

Authorization for Emergency Medical Care

In case of accident or illness requiring medical attention, the undersigned authorizes Sunrise Children's School (SCS) staff to call the preferred health care provider listed below or to take my child _____ (child's name) to the nearest hospital or doctor. The preferred health care provider's services will be obtained if possible. If neither parents nor the preferred health care provider can be contacted, the preschool staff is authorized to contact another health care provider. It is also understood that this agreement covers only those situations that, in the best judgment of the preschool staff, are true emergencies.

The health care provider to call is:

Name _____

Address _____

Phone number _____

My hospital preference is:

Name _____

Address _____

Phone number _____

I agree to be responsible for the cost of such emergency medical care.

Parent(s)/Guardian(s) _____ Date _____

_____ Date _____