Greentree Christian School EMERGENCY MEDICAL CARE FORM

2020-2021 school year

Child's Name			
Last	Firs		
Date of Birth	Home Ph	Home Phone	
Address		Zip Code	
		Cell Phone	
		Cell Phone	
Persons to be called in case of (Be sure to include someone other tha should he or she become ill during the	n your spouse who will usually know	to contact a parent first. your whereabouts or be willing to pick up your child	
*state licensing requires two emergend	cy contacts for each student		
Name		Phone	
Address			
Name		Phone	
Address			
Child's Physician		Phone	
Emergency hospital preference			
Insurance Company & Policy N	umber		

• I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

• I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or field trips in an authorized vehicle. (Prior notice will be given and individual permission slips will be sent home for field trips.)

• I hereby grant permission for the Director/Assistant Director or Acting Director 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:

- 1) Attempt to contact a parent or guardian.
- 2) Attempt to contact the child's physician.
- 3) Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
- 4) If we cannot contact you or the child's physician, we may do any or all of the following:
 - a. call another physician,
 - b. call an ambulance,
 - c. have the child taken to an emergency hospital in the company of a staff member

• I understand that the school will contact me if my child becomes ill and that I will arrange to have my child picked up as soon as possible if so requested by the school.

• I understand that it is my responsibility to notify the school office within 24 hours, or the next business day, if my child or any member of our immediate household is diagnosed with, or develops a reportable communicable disease -- such as, but not limited to, chicken pox, measles, Fifth disease, Hepatitis A, impetigo, meningitis, head lice, pinworms, hand/foot/mouth disease. In the event of a life threatening disease it is my responsibility to notify the administration immediately.

Signature		Date	
0	Parent or Guardian		
Signature		Date	
0	School Director/Assistant Director		

--Please see back of form for persons authorized to pick up child--

Persons authorized to pick up child: (<u>other than parents</u>) Please note Greentree Christian School teachers and staff will ask individuals for identification when they arrive to pick up your child.

Name	Phone	
Address		Zip
Name	Phone	
Address		Zip
Name	Phone	
Address		Zip
Name	Phone	
Address		Zip
Name	Phone	
Address		Zip
Please check if any of the	following apply: p pick up child – Signature	
	Date	
Mother only allowed to	pick up child * – Signature	
	Date	······
Father only allowed to	pick up child * – Signature	
	Date	

*In the event this box is checked, court documents need to be on file in the school office.