

**Greentree Christian School**  
**EMERGENCY MEDICAL CARE FORM**  
 2021-2022 school year

Child's Name \_\_\_\_\_  
Last First

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Persons to be called in case of emergency:** We will attempt to contact a parent first.  
 (Be sure to include someone other than your spouse who will usually know your whereabouts or be willing to pick up your child should he or she become ill during the school session.)

\*state licensing requires two emergency contacts for each student

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency hospital preference \_\_\_\_\_  
 Allergies & Health Considerations \_\_\_\_\_

Insurance Company & Policy Number \_\_\_\_\_

- 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, COVID19. In the event of a life-threatening disease, it is my responsibility to notify the administration immediately.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_  
School Director/Assistant Director

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

**Persons authorized to pick up child: (other than parents)**

Please note Greentree Christian School teachers and staff will ask individuals for identification when they arrive to pick up your child.

**Please include all requested information – it is required by state licensing regulations.**

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:**

Parents only allowed to 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.