

# Emergency Information

Child's Name _____	Date enrolled ___/___/___	Birthdate ___/___/___
Address _____		
Mother's Name _____	Work Location _____	
Home # ( ) _____ - _____	Work # ( ) _____ - _____	Cell # ( ) _____ - _____
Father's Name _____	Work Location _____	
Home # ( ) _____ - _____	Work # ( ) _____ - _____	Cell # ( ) _____ - _____
Allergies: _____		
Person to be notified in case of an emergency and appropriate phone numbers: _____		
Doctor's name _____	Phone # ( ) _____ - _____	
Insurance Carrier _____	Plan # _____	
Hospital of Choice _____	Phone # ( ) _____ - _____	
List of people who may pick up your child _____		
_____		

## Medical Release

In case of emergency, I understand the center will try to contact me first. If there is not time, the school will call 911 (who then sends emergency vehicle, medic, etc.). Unless otherwise requested, the center will transport to the Virginia Mason Clinic. I hereby give my consent for my child's doctor (or the center's consulting physician, if the child's doctor isn't available) to conduct any X-rays, give blood tests, or give any and all treatment that may be deemed necessary in the event of an emergency.

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

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

## Permission Release

I grant permission for my child to use all program equipment, participate fully in all activities, for my child to leave the premises under supervision for hikes and field trips, for my child to be included in evaluations and also to be used in photos for publicity.

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

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