



Early Childhood Center Enrollment – Emergency Medical Information

Child's Name _____ **Age** _____ **Birth date** _____

Mother/Guardian _____ **Employer** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Address _____

E-mail address _____

Father/Guardian _____ **Employer** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Address _____

E-mail address _____

****Please star which parent and which number to call first**

Church _____ **Affiliation** _____ **Baptism Date** _____

Emergency Contact / Emergency Alternate Authorized Pick Up (An I.D. will be required and will be contacted if parents are unable to be contacted)

Name _____ **Relationship** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Address _____

Name _____ **Relationship** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Address _____

Is there anyone who should NOT be allowed to pick up your child?

Name _____

Reason _____

With intent to be legally bound, I give permission to Our Savior Extended Care to photograph my child, use the photo for any purpose OSEC deems proper, and relinquish all rights, title & interest in the finished photos & negatives.

Parent/Guardian Signature _____ **Date** _____

Hospital of Choice _____ PHONE _____

Physician _____ PHONE _____

Address _____

Dentist _____ PHONE _____

Address _____

In the event my child soils themselves due to a lapse in toilet habits, I give permission for the staff to clean my child up with baby wipes. Parent Signature _____

Any know Allergies or Dietary Restrictions _____

Is the child on any long-term medications? _____

Other significant Medical information _____

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf. I give permission to Our Savior Early Childhood Center take whatever emergency (E.G., first aid, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of the center. If local emergency resources feel it necessary, the child will be transported to an appropriate medical facility for treatment, at the expense of the parents. **Current photo needed.**

Parent/Guardian Signature _____ Date _____

Parent reviewed form and found no changes needed

Date _____ Initials _____

Date _____ Initials _____

Date _____ Initials _____

Early Childhood Center Office Use Only:

Preschool Room: Ducky Lamb Whale

Beginning Date _____ from _____ until _____ Days M T W T H F

Date Received _____ Date Accepted _____

Director's Signature _____ Date _____