

Brown/Fox Point Early Childhood Education Center: EMERGENCY FORM

Child's Name: _____ Birthdate: _____

I, _____, hereby authorize Brown/Fox Point Early Childhood Education Center staff to arrange for emergency medical care for my child should any emergency arise at school or on a field trip. It is understood that a conscientious effort will be made by the Center to contact me or any of the emergency numbers I have provided before any medical action is taken. The Center has my permission to take my child to Hasbro Children's Hospital and to seek assistance from Brown University's emergency medical technicians in the event of an emergency.

Parent's Signature _____ Date _____

Parent 1: Name: _____ Email: _____ Street: _____ City: _____ State: _____ Zip: _____ Home phone: _____ Occupation: _____ Work phone: _____ Cell Phone: _____
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Parent 2: Name: _____ Email: _____ Street: _____ City: _____ State: _____ Zip: _____ Home phone: _____ Occupation: _____ Work phone: _____ Cell Phone: _____
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Child's allergies and/or medications: _____

Insurance Company: _____ Policy / Group number: _____

Child's Doctor's name and phone number: _____

Provide at least three emergency contacts and telephone numbers of other people who can take responsibility for your child if we cannot reach you. WE WILL NOT RELEASE YOUR CHILD TO ANYONE ELSE UNLESS NOTIFIED IN ADVANCE BY YOU. The first time we meet anyone, we will ask for picture identification.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____