

- ☐ copy to fire drill binder
- ☐ copy to classroom



- ☐ **No**, my child does not have allergies
- ☐ **Yes**, my child is allergic to the following:

EMERGENCY CONTACT FORM

Child's Name: _____ Birthdate: ____ / ____ / ____

Parent(s)/Guardian(s): _____

Allergies, Medical Conditions, or Concerns (circle): **no** **yes:** indicate specifics in top left corner of this form

Date of last tetanus shot: ____ / ____ / ____ Regular medications: _____

Physician Name	Address	Phone
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Dentist Name	Address	Phone
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Insurance company: _____ Policy number: _____

PRIMARY CONTACT PERSON (parent/guardian who will be nearby or most reachable in an emergency)

Name: _____ Relationship to Child: _____

Cell phone: () _____ Email: _____

Work phone: () _____ Home phone: () _____

Employer/Name of Company: _____

Home address: _____
street city state zip

SECONDARY CONTACT PERSON (other parent/guardian or person we should call next in an emergency)

Name: _____ Relationship to Child: _____

Cell phone: () _____ Email: _____

Work phone: () _____ Home phone: () _____

Employer/Name of Company: _____

Home address: _____
street city state zip

OTHER PERSONS AUTHORIZED TO PICK UP YOUR CHILD FROM EELP

Please list at least two – we recommend that the first contact person be nearby to EELP, for emergency pick-up.
Our licensor requires that we have the cell phone and address for every person listed.

1. **Name:** _____ **Relationship to child:** _____

Cell phone: () _____ **Address:** _____

Other important info: _____

2. **Name:** _____ **Relationship to child:** _____

Cell phone: () _____ **Address:** _____

Other important info: _____

3. **Name:** _____ **Relationship to child:** _____

Cell phone: () _____ **Address:** _____

Other important info: _____

OUT-OF-STATE CONTACT

Name: _____ **Relationship to child:** _____

Cell phone: () _____ **City:** _____ **State:** _____

Other important info: _____

CONSENT TO MEDICAL CARE & TREATMENT (please sign and date below)

I understand that my child will not be released to persons other than parents and those “authorized” persons listed above. I agree to inform EELP immediately, in writing, of any changes to the information listed here. In the case of a disaster (earthquake, severe weather, etc.) that prevents me from reaching EELP, I authorize EELP staff to release my child to a known adult (a teacher, or the parent of another child) until I’m able to come meet them. I hereby give permission that my child, _____, may be given emergency treatment, to include first aid and CPR by a qualified EELP staff member. I further authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advisable by the physician to safeguard my child’s health and I cannot be contacted. I waive my right to informed consent of such treatment. I also give permission for my child to be transported by staff member, ambulance or aid car to an emergency center for treatment. I hereby certify under penalty of perjury under the laws of the State of Washington that the information on this form is true and correct.

Signature: _____ **Date:** _____