



# Evergreen Summer Emergency Information

Child's Name (Last, First): \_\_\_\_\_

Nick Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

	Parent/Guardian 1	Parent/Guardian 2
Last Name:	_____	_____
First Name:	_____	_____
Cell Phone:	_____	_____
Primary email:	_____	_____
Employer:	_____	_____
Occupation/Title:	_____	_____
Work Phone:	_____	_____
Home Address (if different):	_____	_____

**Name (s) of person/s authorized to pick up child daily: (Please list parent/s also)**

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

**In the event I/we cannot be reached, the following people may be contacted to pick up my/our child (list 3).**

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

He/she has no known allergies. Date of your child's last tetanus shot: \_\_\_\_\_

He/she is allergic to \_\_\_\_\_

Special medical problem/condition \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

Insurance carrier & policy number: \_\_\_\_\_ / \_\_\_\_\_

Doctor/Phone: \_\_\_\_\_ / \_\_\_\_\_ Dentist/Phone: \_\_\_\_\_ / \_\_\_\_\_

I authorize Evergreen School to seek medical treatment for my child until I can be reached. I authorize Evergreen School to communicate verbally or in writing with the health care provider as allowed by HIPAA. In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at Evergreen School to have your child transported to that hospital. I give permission for emergency treatment in my absence and will accept responsibility for any fees incurred.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date