

The Temple Preschool
5015 Harding Road * Nashville, TN 37205
Phone 615-356-8009 * Fax 615-352-9365

EMERGENCY CONTACT AND MEDICAL INFORMATION FOR A CHILD

M_ F_
Sex

Child's Name

Date of Birth

Address

City, State

Zip Code

Home Phone

Parent's/Guardian's Name

Parent's/Guardian's Name

Work Phone

Cell Phone

Work Phone

Cell Phone

Parent location when Child in care (Employer, school, etc.)

Parent location when Child in care (Employer, school, etc.)

City, State, ZIP Code

City, State, ZIP Code

E Mail

E Mail

PERSON OTHER THAN PARENTS TO BE NOTIFIED IN EMERGENCY SITUATION WHEN PARENT IS NOT AVAILABLE

Primary Emergency Contact

Secondary Emergency Contact

Relationship

Phone

Relationship

Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

NAMES OF PERSONS OTHER THAN PARENT TO WHOM CHILD MAY BE RELEASED

1.

2.

3.

4.

MEDICAL INFORMATION

Hospital/Clinic Preference

Physician's Name

Office Hours

Address

Phone Number

City

State

Zip Code

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date