

Emergency & Authorized Escorts

Name: _____ Relationship: _____ Phone #: _____

License Plate Number: _____

Name: _____ Relationship: _____ Phone #: _____

License Plate Number: _____

Name: _____ Relationship: _____ Phone #: _____

License Plate Number: _____

In the event of an accident or illness to the child, I hereby authorize the operator of this child care facility to secure any necessary medical aid and/or treatment from:

Doctor: _____

Name

Address

Phone

Hospital/Clinic: _____

Name

Address

Phone

In the event I cannot be contacted immediately for notification or shall fail or refuse to remove the child affected with a communicable disease or other valid reason after notification of illness and request for removal of the child - I understand that the appropriate authorities may remove my child from the premises of the child care facility. Furthermore, I agree to be directly responsible for all cost and expenses connected with the examination, diagnosis, treatment and removal of my child.

Date: _____ Signature of Parent/Guardian: _____

Custody Information

Parents are: Married Mother deceased Mother remarried Separated
 Divorced Father deceased Father remarried Other

Who has legal physical custody of this child? _____

***What are the legal perimeters for the non-custodial parent to see or pick up child? _____

*****(A copy of the legal paperwork provided by the court must be given to the school.)*****

If parents are divorced or separated to whom should school correspondence be sent? _____

Who is financially responsible for this child? _____

What days of the week are spent with Dad? _____

What days of the week are spent with Mom? _____