



Emergency Contact Information

PLEASE PRINT LEGIBLY

Child's Name: _____ DOB: _____

Home Address: _____

Parent/Guardian: _____

Telephone: _____
Home Cell Work

Email: _____

Home Address: _____

Place of Employment: _____

Department Contact Person at work (who usually knows your whereabouts): _____

Phone Number: _____

Parent/Guardian: _____

Telephone: _____
Home Cell Work

Email: _____

Home Address: _____

Place of Employment: _____

Department Contact Person at work (who usually knows your whereabouts): _____

Phone Number: _____

Emergency Contacts *(when attempts to reach parents are not successful and who may pick your child up)*

Name #1: _____

_____ *Home Cell Work*

Name #2: _____

_____ *Home Cell Work*

Persons Authorized to pick up your child

Name: _____ Cell: _____

Name: _____ Cell: _____

Name: _____ Cell: _____

Name: _____ Cell: _____

We must have written permission for anyone other than the child's parent or guardian to pick up the child from Wonderland Private School.

Child's Usual Source of Medical Care

Physician's Name: _____ Phone: _____

Address: _____

Preferred Hospital in case of emergency: _____

Dentist's Name: _____ Phone: _____

Address: _____

Child's Health Insurance

Name of Insurance Plan: _____

Certificate # (or ID): _____ Group: _____

Policy Holder's Name: _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/legal guardian of _____

I give consent to have my child receive first aid by Beatrice Mayes Institute's staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance I agree to review and update this information whenever a change occurs and at least once a year.

Parent/Guardian #1 Signature: _____

Date: _____

Parent/Guardian #2 Signature: _____

Date: _____

Parent/Guardian Signature: _____

Review Date: _____

Parent/Guardian Signature: _____

Review Date: _____

Parent/Guardian Signature: _____

Review Date: _____