

# VENICE NOKOMIS COMMUNITY PRESCHOOL, INC

## HEALTH/EMERGENCY INFORMATION CARD

CHILD \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### PERSONS AUTHORIZED TO PICK UP CHILD

\_\_\_\_\_  
\_\_\_\_\_

### PERSONS WHO WILL CARE FOR CHILD IN CASE PARENT CAN'T BE REACHED

NAME PHONE ADDRESS

NAME PHONE ADDRESS

NAME PHONE ADDRESS

MOTHER EMPLOYED WK PHONE CELL

FATHER EMPLOYED WK PHONE CELL

LIST ANY SURGERY, INJURY, ALLERGY, OR MAJOR ILLNESS AND GIVE DATES:

PHYSICIAN'S NAME PHONE

DENTIST'S NAME PHONE

### PARENTAL CONSENT

CHILD'S FULL NAME AGE

I hereby give my consent for my child \_\_\_\_\_ to participate in the school health services program. In case of accident or illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to contact the physician or dentist indicated and to follow his instructions. If it is impossible to contact this physician or dentist, the school may make whatever arrangements are necessary to provide emergency care and treatment for my child.

In case of an accident or illness where immediate treatment of my child is not indicated but where he/she is unable to remain at school, I request that the school contact me or my spouse to arrange transportation for my child. Or, the persons listed on this card can be contacted and requested to care for my child.

DATE SIGNATURE